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ABSTRACT

This facilitator's guide serves as a framework for a comprehensive 6-module, 9-session curriculum, providing kinship caregivers with 27 hours of information and support related to kinship care. Sessions are designed to facilitate interaction and the sharing of experiences and support among participants. Meetings utilize a task-based, strengths-oriented approach to learning whereby participants each develop a comprehensive individualized action plan for accessing needed resources and meeting identified family needs. The facilitator's guide is organized in 5 parts. Part 1 describes the program and the desired outcomes, including how to connect the parent meetings with the kinship family assessment. Part 2 provides information to help facilitators prepare for the meetings, including qualifications and competencies of facilitators, roles and responsibilities of facilitators, and establishing a positive environment. Part 3 provides information on using the guide and the accompanying audiovisual materials. Part 4, the bulk of the guide, provides the following information for each of 9 meetings: (1) meeting agenda; (2) list of resources, transparencies, and materials; (3) meeting goals and objectives; and (4) instructions for meeting activities. Topics addressed in the meetings are: (1) introduction: a tradition of caring, introducing participants to the program and to one another and providing an opportunity for completing an individualized assessment; (2) understanding the child welfare system; (3) supporting healthy development and managing loss; (4) identifying and meeting special needs for children who have been separated from their parents and might have experienced trauma and loss; (5) providing guidance and discipline; (6) maintaining family connections; (7) connecting children to safe, nurturing, lifelong relationships; (8) the kinship experience: family change, providing strategies for dealing with changes that occur in the family as a result of

kinship care; and (9) finding and using resources to meet the caregivers' and children's needs. (KB)

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Tradition of Caring

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Information,
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Kinship Families

FACILITATOR'S GUIDE

CWLA Press

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A Tradition of Caring

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A Tradition of Caring

Information, Resources, and Support for Kinship Families

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Part I. About the Program

History and National Perspective of Kinship Care

The practice of kin caring for children when their parents cannot is a time-honored tradition in most cultures. Approximately 6 million¹ children are now residing in the homes of grandparents, aunts and uncles, older siblings, or other extended family members, with approximately 2.6 million² of these children being raised solely by kin other than parents. In the United States, the full-time care of children by kin is prevalent in many communities and is increasing substantially in others.

The most common type of kinship care is informal, meaning that the family makes the decision that the child will live with kin. Formal kinship care involves the parenting of children by kin following a determination by the court and/or the public child protective services agency that a child must be separated from his or her parents due to abuse, neglect, abandonment, or other special circumstances.³ Due to numerous factors, including rising numbers of children in out-of-home care, increasing agency recognition of kin as resources for children, and declining numbers of non-relative foster families, there has been a marked growth in numbers of informal and formal kinship care families, and an increasing emphasis on kinship care as an alternative to foster care.⁴

Kinship care has numerous potential benefits for children who must be separated from their parents. Research indicates that children in kinship care are less likely to experience multiple placements than are children in the traditional foster care system.⁵ Additionally, studies suggest that children reunited with their parents after kinship care are less likely to re-enter care than those reunified after out-of-home care with non-relatives.⁶ According to CWLA's Standards of Excellence for Kinship Care Services, other advantages of kinship care include:

- Children are enabled to live with people they know and trust.
- Trauma resulting from separating children from parents and placing them with people unknown to them is reduced.
- Children's sense of identity and self-esteem is reinforced by continued knowledge and understanding of family history and culture.

¹ Generations United Website.

² Generations United Website.

³ Child Welfare League of America. (2000). *Standards of Excellence for Kinship Care Services*, Washington, DC: author, page 1.

⁴ U. S. Bureau of the Census, 1998.

⁵ Berrick, J. D., Barth, R. P., & Needell, B. (1994). A Comparison of kinship foster homes and foster family homes: Implications for kinship foster care as family preservation. *Children and Youth Services Review*, 16, 33-63.

⁶ Barth, R. P., Courtney, M. E., Berrick, J. D., & Albert, V. (1994). *From child abuse to permanency planning: Child welfare services, pathways, and placements*. New York: Aldine de Gruyter.

- Children are better able to remain connected to their siblings.
- Families are encouraged to consider and rely on their own family members as resources.
- Children are better able to remain connected to their own communities.
- Families are strengthened in their ability to provide children needed support.⁷

Purpose, Scope, and Design

Although the tradition of relative care is certainly not new, kinship caregivers today face heightened challenges, such as navigating the complex and often confusing world of public and private child welfare systems, and supporting children who sometimes have extraordinary medical, emotional, and developmental needs. Kinship families are asking for help: in locating needed resources, in advocating for the best interests of children in their care, in negotiating legal matters and obtaining legal assistance, and in understanding and managing complex family issues. Child Welfare agencies are requesting assistance in educating and supporting kinship families who are caring for children in the agency's custody. *A Tradition of Caring* is one response to these issues. Although no single intervention strategy can be all-inclusive, the goal of this program is to offer an avenue for responding in a comprehensive manner to the needs of kinship caregivers for information and support.

This program is designed to serve all kinship caregivers in need of information and support. The experiences of kinship caregivers who are involved formally with the child welfare system differ from those who provide care on an informal basis, yet the broad issues remain constant. The format of this program is flexible, allowing users to tailor the process to respond to differences in group composition and needs.

A Tradition of Caring is designed as a nine-meeting curriculum. Each meeting is designed to last three hours. Participants who complete the entire program will have received 27 hours of information and support related to kinship care. Meetings focus on key caregiver concerns, including:

- General kinship care issues.
- Supporting healthy child growth and development.
- Accessing needed resources.
- Addressing changes in family dynamics.
- Promoting children's needs for lifelong connections.

⁷ CWLA *Standards of Excellence for Kinship Care Services*, page 6

- Understanding and navigating the formal child welfare system.

After the introductory meeting (Introduction: A Tradition of Caring), the order in which the sessions are presented offers some flexibility. For groups not directly connected with a child welfare agency, the facilitators can seek input from group participants about ordering the meetings, depending upon specific group needs and interests. Agencies using the curriculum in conjunction with A Tradition of Caring family assessment process can best utilize the materials in the order in which they are presented in this Guide. (See Program Components and Resources section, below.)

The program has been created for use by a broad spectrum of agencies: elder service programs, community social service and mental health agencies, kinship care resource centers, faith-affiliated, community-based, or other types of support groups, and public and private child welfare organizations.

Supplemental content is included for use by child welfare agencies that are assessing families for kinship care, to ensure families have the information and skills they need to qualify for foster care licensing. This content is equivalent to what agencies typically provide in their programs to prepare prospective foster families to care for children who are not known to them, but is responsive to the needs and experiences of kinship caregivers.

A Tradition of Caring is unique in that the material is designed and presented in a manner that recognizes and addresses the strengths, concerns, and perspectives of families caring for children who are their own family members. As such, the program is a recommended alternative resource specifically designed for kinship caregivers, to be used in place of traditional pre-service preparation/training offered to prospective foster families. It accomplishes the same objectives as the latter, but more effectively, using an approach better suited to the interests and needs of kinship families.

Guiding Concepts and Principles

A Tradition of Caring is guided by concepts and principles that serve as unifying themes throughout the program. These concepts formed the foundation for the contents of each session, and also shaped the philosophical context. These principles emerged during the early planning stages of A Tradition of Caring, and are consistent with CWLA's Standards of Excellence for Kinship Care Services published in 2000.⁸ Guiding concepts and principles include:

- Kinship care is not new or unusual, but rather is an age-old tradition of families caring for their own.

⁸ CWLA Standards of Excellence for Kinship Care Services.

- The most desirable place for children to grow up is in their own caring families when those families are able to provide safe, nurturing, and permanent relationships.
- Kinship caregivers often resist the idea of needing "training" to care for children within their own family systems. They do, however, want practical information and help in identifying and obtaining needed resources.
- All families have strengths. Positive change is promoted when family strengths are supported and family needs addressed. Each family is unique and has worth, value, integrity, and dignity.⁹
- Kinship caregivers often put the needs of the children in their care over their own. They need support in addressing their own needs and concerns in order to best meet the needs of relative children.

The Five Desired Outcomes

A Tradition of Caring has established five outcomes that reflect elements essential for meeting the needs of children in kinship care. This program seeks to support and assist participants in obtaining the knowledge and skills necessary to achieve these important outcomes. These desired outcomes for children in kinship care are as follows:

- Children are protected and nurtured.
- Children's developmental needs are met and any developmental delays are addressed.
- Ongoing relationships between children and their families are supported.
- Children are connected to safe, nurturing relationships intended to last a lifetime.
- Kinship families involved with child welfare agencies are working with the child welfare team to ensure that the family's needs and the child's needs are met.

These desired outcomes drive the entire process for developing the program, facilitating the groups, and assessing families for kinship care.

⁹ *CWLA Standards of Excellence for Kinship Care Services*, p. 14.

Approach

Unlike typical training programs, *A Tradition of Caring* focuses both on informing and supporting kinship caregivers. Sessions are designed to facilitate interaction and sharing of experiences and support among participants. Meetings utilize a task-based, strengths-oriented approach to learning. This approach focuses not just upon the information being presented, but also enables participants to immediately apply the knowledge to their personal situations. During the course of the program, each participant develops a comprehensive individualized action plan for accessing needed resources and meeting identified family needs.

Each meeting includes strategic education specific to the designated theme. However, the driving force of every meeting will be the needs and experiences of group participants. Group members are encouraged to "tell their stories," thereby defining their experiences and sharing their strengths and knowledge with others. Self-assessments and action plans incorporated into the sessions enable participants to apply the information to their personal situations and design a plan to meet those needs.

Program Components and Resources

This program includes three components: The Facilitator's guide; the Carebook, and the Guide for Assessing Kinship Families.

- The Facilitator's guide is a comprehensive curriculum that contains all information and materials needed to facilitate the nine education/support meetings for a range of kinship caregivers. The Facilitator's Guide is designed to be used in conjunction with the Carebook (referenced below). Audio-Visual Materials are included in the Facilitator's guide. This includes a compact disk that contains overhead transparency and LCD presentation slides using the Microsoft PowerPoint program. (Black and white "hard" copies of the transparencies are also provided.)
- The Carebook contains materials designed for use by caregiver participants during each session of *A Tradition of Caring*. While the Facilitator's Guide is designed for use by the group facilitators, the Carebook is the participant "workbook". These resources are intended to be reproduced for use by participants at each delivery of the curriculum. A special resource section titled Promoting Safety, Permanence, and Well-being is also included in the *Carebook*, as well as an annotated bibliography related to kinship care.
- A Guide for Assessing Families for Kinship Care, describes the assessment process designed for use in conjunction with the preparation program. This guide provides information, tools, and resources to assist agencies in using *A Tradition of Caring* and materials generated by participants in conjunction

with the meetings to guide and support an effective mutual assessment process that empowers and supports families in their efforts.

All program components are published by The Child Welfare League of America and may be purchased separately or as a package.

Connecting the Group Meetings With Kinship Family Assessment

A Tradition of Caring has been designed for use either as a stand-alone program to inform and support kinship caregivers, or as part of a more comprehensive program that includes assessing families for kinship care. When used in its entirety, *A Tradition of Caring* represents a combined method for preparing, assessing, and supporting kinship families for this role. The preparation component is achieved primarily through the group process described in the *Facilitator's guide*.

The mutual family assessment process involves a series of meetings between the assessment worker and the kinship family while the family is participating in *A Tradition of Caring*. The subject matter of the family assessment meetings coincides with that of the group meetings. The assessment worker uses materials generated by the family during group meetings to work with the family in considering their past experiences, current life circumstances, strengths, and needs in relation to kinship care. This assessment process addresses the same objectives that are typically used in assessment for traditional family foster care, but uses an approach better suited to the interests and needs of kinship families.

Integrating the family assessment process with *A Tradition of Caring* meetings assists agencies charged with kinship family evaluation with implementing a cohesive, comprehensive, and strengths-based assessment process.

The *Guide for Assessing Families for Kinship Care* is available through:

Child Welfare League of America

P.O. Box 2019

Annapolis, MD 20701-2019

800/407-6273

Or on the website: www.cwla.org/pubs

Part II. Preparing for Facilitating the Meetings¹

The Meeting Site

The location in which *A Tradition of Caring* meetings are held contributes significantly to the program's ultimate success. Efforts should be made to hold the sessions in a central location, necessitating minimal travel time for participants. Bus and other public transportation routes and schedules are also factors to be considered. Parking should be available near the meeting site, and both the parking lot and the meeting site should be safe and accessible to those with mobility problems or other special needs.

The room in which the meetings are held is also an important factor. Meetings should be held in participant-friendly surroundings that are accessible to the residents of the sponsoring agency's community.

The most effective meeting rooms feature:

- Space for participants to sit at tables, preferably arranged in an open U or open square. Since interaction among participants is essential to each meeting, under no circumstances should the program be offered with theatre, classroom, or lecture-style seating. It is important that all participants be able to write comfortably, and see and hear all other participants as well as the facilitators.
- Good ventilation.
- Bright lighting, and preferably, windows.
- Minimal outside disturbances such as those resulting from shared space, lack of soundproofing, or ringing phones.
- Access to refreshments (preferably a light meal) during breaks.
- Adequate table or desk space for materials and for participants to write.
- Chairs comfortable enough for three hours of sitting.
- Space for an easel stand and easel paper in the front of the room.

Childcare is an additional issue that needs to be considered prior to convening the first group meeting. Many caregivers have no outside access to day care or babysitting, and therefore cannot attend events unless childcare is provided.

¹ Much of the material used in this section is adapted from Child Welfare League of America, (1997), *PRIDE Pre-service Trainer's Guide*. Washington, DC: author.

A Co-Facilitated Model

Program benefits are maximized when meetings are led by at least two co-facilitators: an experienced kinship caregiver and a trained facilitator with knowledge in the area of kinship care. Rather than functioning primarily as trainers, those managing the group assume the role of facilitators. Sessions are flexibly designed to enable the facilitators to best respond to the needs, dynamics, and make-up of each group.

Qualifications and Competencies of Facilitators

To be effective leaders for *A Tradition of Caring* meetings, facilitators must possess essential competencies (knowledge and skills) and characteristics (qualities that a person brings to the role.) Key competencies and characteristics for facilitating these sessions effectively include:

- An understanding of and appreciation for the issues, dynamics, and needs of kinship families.
- Knowledge and understanding of the content of each session.
- Understanding of the principles of adult learning theory, and ability to motivate participants to integrate new information and behaviors into their current ideas and practice.
- Ability to manage the group process in a manner that is responsive to individual needs while maintaining the integrity of the group as a whole.
- Ability to resolve problems and manage conflicts among group members.
- Ability to speak clearly and audibly, with a variety of inflections.
- Ability to handle sidetracking, irrelevant questions, or emotional responses from group members in an effective and respectful manner.
- Ability to shift from a "trainer" role when providing education and information, to "facilitator" when providing support and encouraging interaction among group participants.

The Roles and Responsibilities of Co-Facilitators

The experience of co-facilitating, with its many advantages and a few challenges, is somewhat like flying an airplane with a pilot and co-pilot. Each is essential to the flight process, with designated areas of responsibility that complement the other. However, only one has control of the plane at a time. The other might help navigate, talk to the passengers, or contact the control tower. And, they may switch roles. Both have a part in guiding the plane to its destination.

In terms of the roles and responsibilities of co-facilitators, consider the "pilot" as the person primarily responsible for conducting the meeting at the moment, and the "co-pilot" as the one who is in a supportive role at that time. One of the advantages of co-facilitating is that the individuals involved can lead in the areas in which they feel most comfortable. For example, one facilitator might be more comfortable providing information, while the other is more comfortable with structuring and guiding group exercises and activities.

There are three areas that are particularly important to consider when co-facilitating:

Conflict resolution: Conflicts are inevitable. One or both co-facilitators may experience some uneasiness and anxiety, especially in the beginning, about their own roles and about the way the other person is handling some aspects of the facilitating. Practice sessions can help to identify potential problem areas and to indicate how to work together with honesty and directness. The key is using the kind of clear communication techniques that are discussed in this *Facilitator's guide*. The co-facilitators should never argue with or challenge each other in front of the group. The appropriate time and place for disagreement about co-facilitating issues is during breaks if necessary, or after the session. It is certainly acceptable to model good techniques for conflict resolution. For example:

"Sue, I'd like to jump in here for a minute to add something. My perspective on this issue is a little different from yours and the differences may be helpful to the group in gaining a broader understanding of [the issue]..."

Sometimes people who are co-facilitating find that they are not well suited to working with each other for one reason or another. Or, one person may find a comfortable niche in facilitating, but the other person continues to struggle. These kinds of situations cause conflict. Being a good kinship caregiver, trainer, social worker, or program administrator does not always mean that someone will be a good facilitator. Not everyone has or is able to develop facilitation-related skills. And, no one should feel that his or her ability to perform other roles is jeopardized if the facilitating role does not work out.

- **Achieving balance:** Because one of the facilitators of *A Tradition of Caring* will probably be a full-time professional employee of an agency that serves kinship caregivers, and the other will be a caregiver, some differences in experience and background are to be expected. This brings diversity into the group process, and makes it more likely that all group members will be engaged in the process. The kinship caregiver can be expected to lend credibility to the team effort, and agency staff can be expected to bring greater familiarity with the content of the sessions. Facilitators should be clear that their experiences are not necessarily the only experiences that are valid and possible.
- **Keeping in touch:** Keeping in touch with each other through frequent eye contact during facilitating sessions will take practice. The "pilot" can become so absorbed in his or her delivery that important points are overlooked or participants' signals that a break is needed go unheeded. It is essential that you develop ways of communicating nonverbally during the sessions so that the "co-pilot" can signal when: a break appears needed; an important point needs to be made and the co-facilitator wants to jump in; or when the group has pulled the pilot off on a tangent and needs to be brought back.

Co-facilitators should process what went on in the group after each session. That means that they will need to spend some time talking about what went well, what did not, and how things might have been improved. Again, honesty and directness between co-facilitators is essential, as is taking seriously the feedback from participant evaluations.

Establishing a Positive Environment Through Effective Facilitation Techniques

Although individuals will come to *A Tradition of Caring* with very different backgrounds, life circumstances, and levels of skills, groups generally grant facilitators a measure of authority that can be used to promote learning and appropriate behavior. In our society, authority carries with it a kind of power that can be used in both positive and negative ways. Facilitators should be aware of their authority/power so that it can be used wisely and to benefit the group's process. Generally, groups will model their behavior on the example set by the leaders or facilitators. Thus, if you treat people with respect and are sensitive to the feelings and needs of individuals in the group, group members will try to adopt these behaviors. Specific recommendations include:

Use Teamwork Agreements: Early in the group's experience together, facilitators can set the tone by such techniques as reinforcing appropriate behavior and communication, and refocusing discussion to keep the group on task. Generally, peer pressure will cause groups to quickly adopt these behaviors and expectations as their own. Beyond that, the facilitators will impart information

and knowledge, and encourage the members of the group to share their thoughts, feelings, and perceptions so that others can benefit.

Participants should agree on ways of working together. Facilitators will begin to negotiate teamwork agreements as they discuss ground rules with participants during Meeting One. Essential ground rules include:

- Starting and ending on time. Agree with the group to start and end all sessions and breaks on time. Start the session even if only a few people are there. Stop exactly on time. Never keep participants later than scheduled. If you haven't covered the content, pick it up next time or negotiate some other plan with the group. Model a commitment to time schedules, and participants will follow.
- Culture, gender, age, sexual orientation, education, and role sensitivity. Individuals from diverse backgrounds and with diverse perspectives can unknowingly offend each other. Such incidents may even be unnoticed by the facilitators. Agree with participants that the sessions will be conducted with dignity and respect. If someone is offended, it is his or her responsibility to acknowledge that feeling with the group.
- Confidentiality. It should be agreed that meeting content can leave the meeting room, but individual and group process cannot. This means that participants can and should share information they have learned with colleagues, families, and friends. Any personal issues or shared comments, however, should stay in the meeting room.
- Reinforcement for the co-facilitators and participants. The end of a program is too late for co-facilitators to learn that participants are unhappy. Agree with each person in the group that any concerns about the program will be shared with the facilitators immediately.

Communication Skills: A group that is working hard should be acknowledged, and facilitators should feel free to let a group know when they are frustrated. Good communication is a mutual process.

The basis for facilitating is communication, and a key part of communication involves knowing how to listen, how and when to use silence, and how to use verbal techniques for promoting involvement and insight. Think about some of your own experiences participating in group processes. Which facilitators conducted effective programs? Which facilitators didn't? What was the difference between the two? Here are some general facilitating techniques:

- Call on people by name.

- Maintain eye contact with the group, but break eye contact with a participant who dominates the group, demands excessive attention, or is communicating inappropriately.
- When confronted with people who talk to each other instead of listening and participating in the group, try moving close to them while you are presenting. If that doesn't work, you might say:

"Molly and John, is there something you'd like to share with the group?"

At times, you might resort to talking privately with these individuals during a break or after the session. Sometimes a caregiver has pressing or acute needs that need to be addressed individually before he or she can attend to a group process.

- Change group dynamics by moving seating arrangements, by where and whether you sit or stand, and by how you move yourselves and others around a room. Some facilitators prefer to sit with a group in a circle; some prefer a semi-circle; and others prefer to arrange participants around a table. Experiment with what feels comfortable to both co-facilitators, and best meets the needs of the group.
- Ask for clarification if a question or comment is unclear.
- Use listening, validating and "I" messages.

Summarizing, validating, and reflecting back what you have heard another person say leads to clear communication. The person then can feel understood, or if not, can clarify the message. For example:

A participant expresses concern about how much additional stress kinship care involves, since she works full time now and needs to keep her job.

Facilitator: "It sounds like you are concerned about your ability to continue working outside the home while giving your nephew the care he needs." Participant: "Yes, that's right. I need the income, but I'm worried about whether I can continue to handle the stress."

This is a good opportunity for the facilitator to use the group process to acknowledge that this is an appropriate concern.

Facilitator: "I'm glad you brought that up. A lot of people have the same concern. What about others in this group?"

Another effective communication technique is using "I" messages. Notice in the example above, the first sentence began with: *"It sounds like..."* instead of *"You are saying..."* The first phrase simply states what the listener heard, while the second phrase assumes that the listener knows what another person means, which can lead to confusion and misunderstanding.

Here is an example of integrating reflective listening with an "I" message: Mrs. A has just expressed concern about handling the problems of her grandchildren as they become teenagers. Mrs. B says, *"You shouldn't feel that way."* The facilitator can help the communication process here by asking Mrs. A to feed back to Mrs. B how it felt to be told that she shouldn't feel that way, and then to gently encourage Mrs. B to use reflective listening and "I" messages. Until the group learns how to use this technique, you might model something like the following and ask Mrs. A to tell the group how she reacts to this message: *"I heard Mrs. A say that she is worried about parenting her grandchildren when they are teenagers. I think Mrs. B is saying that she has had a lot of experience with teens, and thinks that she can be helpful to Mrs. A in addressing her concerns."*

Learning to help participants respond to each other's questions instead of responding personally may not feel comfortable at first. But with time, facilitators learn how to do this in a way that benefits the whole group. It takes practice to learn how to reinforce appropriate responses by saying something like, *"Thank you for sharing your feelings about that with the group,"* and to gently discourage inappropriate responses without saying, *"You're wrong"* or otherwise confronting participants.

- Use silence.

Silence is a powerful form of communication. We are generally uncomfortable when a person who is supposed to be in charge (such as a facilitator) lapses into silence. Use of silence, therefore, can spur the group into thoughtful contributions to the process. If you have posed a question to the group, don't rescue the group even when a lengthy silence persists. Eventually, someone will respond, and this will help the group to be competent. Remember, sometimes people need time to think about their feelings and formulate a response in answer to a question. The silence feels much longer for the facilitator than it does for the participants.

- Use humor.

Humor is a valuable tool in a group and can bring energy and pleasure to the learning process. It is also essential to promote humor as a positive means of coping with stress. But humor can be a two-edged sword, sometimes masking feelings of anxiety or hostility, or reflecting a person's need to be the center of attention. The group member who uses humor destructively, to wound or belittle others, or to detract from the learning process, can be very harmful to a group. This kind of situation can provide an opportunity to use the group process to redirect the person's ability to see humor in situations. For example:

*"Mr. C has a unique ability to see humor in situations.
Let's talk about some situations when humor can be helpful
and when it is not helpful."*

Reinforce the group's comments, and ask Mr. C to feed back to the group what he heard about the uses of humor.

- Encourage group members to share their experiences.

Since one of the aims of this program is to help participants become aware of and understand their strengths and needs as kinship caregivers, it is important that they feel comfortable expressing feelings and sharing relevant experiences. For instance, some participants may have grown up in families where substance abuse was an issue or where they were, themselves, cared for by a relative. People need to feel that they are not alone in the world, and that others share their perceptions and feelings...that their reality is not unique. The group process offers many opportunities for participants to share feelings and experiences with others.

Facilitators can encourage the sharing of feelings and experiences, however sensitive, through reinforcement and helping group members to make connections with others who share similar experiences. For example:

"You know, Sally, it took a lot of courage to tell us your feelings about your daughter's drug problem. I have learned a great deal from what you have told us. Has anyone had a similar experience?"

Facilitators should also consider disclosing their own feelings and experiences when appropriate. This may be particularly helpful to a group that is slow to warm up and to become a cohesive unit. Self-disclosure may provide others with the "permission" to share material from their backgrounds. For example, anger is an emotion that everyone has experienced, and the facilitating can be an important element in assisting participants to learn constructive ways of dealing with anger. However, participants may be reluctant to talk honestly about this topic in the belief that they will be judged and lose the opportunity to continue as kinship caregivers.

Self-disclosure need not be lengthy or detailed. For example, a facilitator (particularly an experienced kinship caregiver) might say:

I remember being so out-of-control with anger toward my son on one occasion that I scared myself. I realized that I needed help with learning new ways to cope with my anger, and this is what I did to find that help...."

One helpful guideline might be to never ask the group to do or share something that you wouldn't do or share yourself.

Observational Techniques: The group process offers excellent opportunities to develop skills in observing body language (another form of communication) and

group dynamics. People don't need formal training in such issues to be able to feed back how they interpret the behavior of others. The group will offer many opportunities for helping participants get in touch with how they seem to others and how they react to others.

Modeling Desired Behaviors: Participants remember how co-facilitators relate to them more than they remember the content of the sessions. The best exercise or activity will be lost if even one participant feels devalued. Support the learning process by supporting participants. For example:

- Pay courteous attention to all comments, and write appropriate responses on the flip chart.
- Keep an "Issues for Discussion" easel pad sheet on the wall. If someone has an issue that would be more effectively addressed later, write the issue on the sheet and go over it at a more appropriate time.
- Reinforce good responses, i.e., "I'm glad you said that," or "That's an important point."
- Be respectful, even when comments are not appropriate, i.e., "You raise an interesting point. What do the rest of you think?"

Relying on Group Problem Solving and Teamwork: The dynamics of kinship care evoke strong emotional responses. After all, it is not easy or comfortable to discuss physical and sexual abuse, neglect, emotional maltreatment, abuse of alcohol and other drugs, parent-child separation, and managing the developmental delays of children and youths. Successful kinship care requires hard work and teamwork. This teamwork approach should be the foundation for group problem-solving throughout the entire program.

Facilitation Checklist

Consider all the steps involved in learning how to drive a car. There are so many things to do all at one time: steer, work the gas pedal, use the brake, look ahead, watch the rear view mirror, obey traffic signals, and avoid hitting anyone or anything. Thinking about it makes one wonder how people could drive, listen to the radio, and talk to a passenger all at the same time. Working with *A Tradition of Caring* is similar. There are many things to do all at once! Be patient with yourself and your co-facilitator. Practice, have fun, and engage others in helping you...colleagues and kinship caregivers, too. The results should be worth the effort! The following checklist can help you assess your readiness to offer the *A Tradition of Caring* program: Instructions:

1. The checklist has two columns—one for each co-facilitator to complete.
2. Total the combined "yes" answers.
3. Total the combined "no" answers.
4. Compare and discuss your answers.
5. Remember that the more items you check "yes" together, the more effective the program will be.

6. Together, write and discuss your plan for how you will build on the "yes" answers and change the "no's" to "yes's." If either of you check "no" to any of the items, remember group problem- solving and teamwork. Who can you ask for help?

7. Summarize and Plan

Total # yes responses: _____

Total # no responses: _____

Please write your plan to build on "yes" responses and change "no" responses to "yes."

<i>A TRADITION OF CARING</i>		
Facilitator Checklist		
	Co-Facilitator:	Co-Facilitator:
	yes no	yes no
As a facilitator for <i>A TRADITION OF CARING</i>, I:		
1. Know the goals of the program.		
2. Know how the program fits with family assessment, if the family is being assessed as a foster care provider.		
3. Can use the <i>Facilitator's guide</i> without reading suggested narrative to participants.		
4. Understand how to use the <i>Carebook</i> .		
5. Have practiced with my co-facilitator working through the nine sessions described in the <i>Facilitator's guide</i> at least two times.		
6. Have access to a site and room that is "participant-friendly."		
7. Have addressed child care needs for group participants.		
8. Can obtain the resources/materials needed for each session.		
9. Have access to refreshments for participants. (Preferably a light meal.)		
11. Know that participants will come with diverse perspectives, interests, and needs, and we can use this diversity to enhance the program.		
12. Know the importance of support from each other, colleagues, family, and friends during the program.		
13. Understand the difference between "training" and "facilitating," as it relates to this program.		

Part III. Using the Materials

Using the Facilitator's guide

The *Facilitator's guide* contains curricula and step-by-step instructions for facilitating nine, three-hour meetings. Each meeting is intended to be co-facilitated by two or more individuals, one of whom is an experienced kinship caregiver.

The *Facilitator's guide* is designed to be comprehensive and easy to follow. With sufficient preparation time, even less experienced facilitators can use these materials to guide the meetings effectively.

All of the meetings are similarly formatted. To examine formatting issues, we will use Meeting One: Introduction: A Tradition of Caring, as an example.

Following the title page, the second page contains an agenda for the meeting. Located at the bottom of this page for each meeting is a legend of icons used throughout the curriculum. The agenda page is followed by a list of resources, transparencies, and materials that will be needed to facilitate the meeting. You may decide that you want additional materials, and those materials may be added to this list. The page after the list of resources, transparencies, and materials begins the process and content information to be used by the co-facilitators in delivering the session.

Each session is divided into three or more parts. Part I focuses on facilitating the introductory portion of the meeting, the middle parts on specific session content, and the final part contains wrap-up and closure information for the meeting. Icons appear throughout the *Facilitator's guide* on the left side of the page adjacent to the material being referred to. For example, when material is presented that is especially important to the child welfare process, the magnifying glass icon appears in the left margin beside that information; when a transparency (or LCD slide) is used, the overhead projector icon appears to the left of the instructions given to display the transparency. The italicized wording gives the facilitators a sample script for presenting certain content. (Please put this information into your own words rather than reading from the *Facilitator's guide*.)

Using The Carebook: While the *Facilitator's guide* is written for facilitators, the *Carebook* is designed for use by participants. The *Carebook* is intended to be used by each participant during each meeting, at home between meetings, and as a resource after the program is over. While the Facilitator's Guide is copyrighted and cannot be reproduced, the *Carebook* is intended to be copied and distributed to each participant each time the curriculum is used. The *Carebook* contains all resource materials, worksheets, and supplemental information. Materials contained in the *Carebook* are designed to be reproduced for use by group participants in conjunction with each meeting. Many of these materials are

suggested for use during the assessment process if the family is being assessed for kinship care.

A special resource section is found in the *Carebook* Appendix. Promoting Safety, Permanence, and Well-Being is a resource booklet that provides a wealth of information for kinship caregivers. Also included in this section is an annotated bibliography with numerous books, articles, videos, and websites that relate to the kinship care experience.

Using the Audio-Visual Materials

A CD-Rom containing color overheads and an automated slideshow is provided in the *Facilitator's guide*. Instructions for using this material follow:

System Requirements

- Windows 98, or higher.
- 64 MB RAM, with a minimum of a 486 or better processor.
- 4X or faster CD-Rom drive.
- VGA or better resolution monitor.
- Inkjet or better printer.
- Optional: Access to an LCD projector or other multimedia device to use the automated Slideshow files.

Using and Navigating the CD-ROM

- Insert the Tradition of Caring CD into your CD-Rom Drive.
- Double-click the *My Computer* icon on your Windows desktop
- Highlight, then double-click your CD-ROM drive. This will open a window displaying the contents of the CD.
- The companion CD is organized into three directories (folders). A brief description of the files in each directory appears below:
- *Facilitator Guide* – This directory contains the Facilitator Guide document. This single file contains all the Facilitator Guides used by the trainers throughout the trainings

- *Overheads* – This directory contains the transparency files used by facilitators throughout the trainings. Note: These files are in Adobe .pdf format.
- *Slideshow* – This directory contains automated slide show presentations, for use with LCD projectors and various multimedia systems. These files are in PowerPoint 2000 *PowerPoint Show* format.

About Adobe Acrobat Reader

Adobe Acrobat Reader, from Adobe Systems, Inc., is a free software application that users can download from Adobe's website (<http://www.adobe.com>). This application allows users to view and print Adobe .pdf files across a broad range of hardware and operating systems.

To install Adobe Acrobat Reader:

- Using your Internet browser, go to Adobe's website, <http://www.adobe.com>.
- Once there, follow the website instructions for downloading and installing Adobe Acrobat Reader.
- After you have installed Adobe Acrobat Reader onto your computer, you will now be able to open, view, and print .pdf files.
- Double-clicking a .pdf file will automatically start Adobe Acrobat Reader.

Viewing and Printing the Facilitator Guide

- Insert the Tradition of Caring CD into your CD-Rom Drive.
- Double-click the My Computer icon on your Windows desktop.
- Highlight, then, double-click your CD-ROM drive. This will open a window displaying the contents of the CD.
- Find, then, double-click the folder named Facilitator Guide. This will open a window displaying the folder contents.
- Find, then, double-click the Facilitator Guide. This will automatically start MS Word, and open the file.
- Once inside the document, you will be able to view and print the file according to your printer's instructions.

Viewing and Printing Overheads

- Insert the Tradition of Caring CD into your CD-Rom Drive.
- Double-click the *My Computer* icon on your Windows desktop.
- Highlight, then, double-click your CD-ROM drive. This will open a window displaying the contents of the CD.
- Find and double-click the folder named *Overheads*. This will open a window displaying all the transparency files.
- Find and double-click the transparency file you wish to view. This will automatically start Adobe Acrobat Reader, and open the file.
- Once inside Adobe Acrobat Reader, you will be able to view and print the transparency files, according to your printer's instructions.

Using Slideshow Files

- Insert the Tradition of Caring CD into your CD-Rom drive.
- Double-click the My Computer icon on your Windows desktop.
- Highlight, then, double-click your CD-ROM drive. This will open a window displaying the contents of the CD.
- Find, then, double-click the folder named Slideshow.
- This will open a window displaying all the slideshow files in the directory.
- Double-click the individual Slideshow file you wish to use. This will automatically launch PowerPoint Slideshow. Once started, the user can navigate and run the Slideshow presentation.
- Once the Slideshow has reached its end, the file will automatically close.

Part IV. Conducting the Meetings

Overview of Meetings

Meeting One: Introduction: A Tradition of Caring

This meeting introduces participants to the program and to one another. Participants have opportunities to share experiences, identify needs, and discuss common interests and concerns. An individualized assessment is completed based upon the desired kinship care outcomes for children and families.

Meeting Two: Understanding the Child Welfare Service System

This meeting focuses on assisting participants in understanding and navigating the child welfare system. Emphasis is placed on how these services are organized, their purpose, the help they can provide, and ways to work effectively with the system.

It is helpful for this meeting to be co-facilitated or include as a special guest someone who works in the child welfare system who can address region-specific policies and processes.

Meeting Three: Supporting Healthy Development and Managing Loss

This meeting provides information and support in two primary areas: Typical human development, and how the child's life experiences, including separation, grief, loss, and trauma can impact child growth and development.

Meeting Four: Identifying and Meeting Special Needs

This meeting discusses areas of special interest for kinship caregivers as related to developmental issues of children who have been separated from their parents and might have experienced significant trauma and loss.

Meeting Five: Providing Guidance and Discipline

This meeting focuses specifically on the challenges of providing guidance and discipline to children in kinship care.

Meeting Six: Maintaining Family Connections

This meeting addresses the benefits of maintaining family connections and the challenges faced by kinship caregivers regarding contact between children and their parents and extended family members on both sides.

Meeting Seven: Connecting Children to Safe, Nurturing, Lifelong Relationships

This meeting explores children's need for permanent connections, the role of the legal system in helping establish permanence for children, and the role of kinship caregivers in helping to ensure permanence.

Meeting Eight: The Kinship Experience: Family Change

This meeting explores the impact of kinship care on the family system and provides strategies for caregivers in dealing with the changes that occur.

Meeting Nine: Getting Help: Finding and Using Resources

This meeting explores the caregiver's and children's need for services and supports. This session also offers tips and strategies to the caregivers in advocating for and accessing needed services for their families.



Meeting One: Introduction



A Tradition of Caring

Meeting One: Introduction

Introduction: A Tradition of Caring

Agenda

Part I: Welcome and Introductions

- A. Participant and Facilitator Introductions
- B. Purpose of the Program
- C. Review of Outcomes, Session Goals, and Session Objectives
- D. Discussion of Teamwork Agreements
- E. Use of *The Carebook* Resources

Part II: Telling Our Story

- A. So Much In Common

Part III: It Takes a Family to Raise a Child

- A. Information that Helps
- B. Initial Kinship Family Self-Assessment
- C. Caring in Action

Part IV: Connecting With the Child Welfare Agency

- A. The Agency Role
- B. Making Connections with Assessment, Licensing, or Certification

Part V: Closing Remarks

- A. Celebration of Caring
- B. End the Session

LEGEND	 = Carebook Resource	 = Trainer's Note	 = Easel/ Easel Pad	 = Individual Activity
 = Transparency Used	 = Important to the Child Welfare process	 = Time Length	 = Group Activity	
Italics = Facilitator's speech				

Resources, Transparencies, and Materials

Resources

- Resource 1: Facilitator Worksheet
- Resource 2: A Tradition of Caring: Outline of Meetings
- Resource 3: A Tradition of Caring: Meeting Goals and Objectives
- Resource 4: Agenda
- Resource 5: This is My Caring Story
- Resource 6: Self-Assessment and the Five Desired Outcomes
- Resource 7: Caring in Action: Putting This Program to Good Use
- Resource 8: Celebration of Caring

Transparencies

- Transparency A: A Tradition of Caring: Outline of Meetings
- Transparency B: Outcomes for Children in Kinship Care
- Transparency C: What is a Team?
- Transparency D: Definition of Kinship Care
- Transparency E: Outcomes for Children in Kinship Care (Repeated)
- Transparency F: Ways to Rely on the Agency for Help and Support
- Transparency G: Who are Members of the Child Welfare Team?

Materials

- Refreshments
- Easel and easel pad
- Heavy stock paper (for name tents)
- Scissors

Magazines (for “This is My Caring Story” exercise)

Paste or tape (for “This is My Caring Story” exercise)

Overhead projector and screen or LCD projector and screen

Part I: Welcome and Introductions



00:50 Total

Purpose: To introduce participants to the program, to one another, and to the facilitators.

A. Participant and Facilitator Introductions

- 
1. Prepare for introductions by making a sample name tent out of a sheet of folded heavy stock paper. Fold the paper in half the long way so that it can stand easily on its own. With a marker, print your first name on one side of the name tent, and draw a simple diagram that represents your commitment to kinship care. If you are a kinship caregiver, you might draw stick figures that represent your family. Otherwise, you might draw a heart or a clock with the word "kinship" written inside, or some other symbol or drawing that represents your positive feelings about kinship caregivers and caregiving.
 2. Provide participants with paper and markers for making their own name tents.
 3. Welcome participants to the session and introduce yourself and the co-facilitator by name and title. The co-facilitator should also have a decorated name tent that has been prepared prior to the session.

Welcome! Thanks for coming, and for being on time! My name is _____. I'm your facilitator for tonight's session.

I'm your co-facilitator, and my name is _____. We've provided paper and markers for each of you to create your own name tents, similar to the ones we've made. Please print your name on one side of the tent. Also, please decorate your name tent with a simple picture or symbol that represents your kinship family, or your feelings about being a kinship caregiver. We don't expect anything fancy, as you can see by looking at my artwork. Even stick figures are fine.

4. Allow several minutes for participants to complete their name tents. Continue by explaining your name tent and offering additional information about yourself. Share information appropriate to establishing rapport and credibility with the group, e.g., background as a social worker, adoptive parent, foster parent, educator, etc.

On my name tent I've drawn a clock with the words kinship care written inside. This symbolizes my belief that it's about time that kinship care is recognized as a valuable resource for children and families.

5. Let the co-facilitator explain his or her name tent and give information regarding professional background.

Welcome to A Tradition of Caring. As I said, my name is _____. Since I am a caregiver for my grandchild, I've drawn figures that represent my family circle. My granddaughter is in the middle, and the stick figures surrounding her represent myself, my husband, and my two children.

6. Express appreciation to the group for participating in the program and for their commitment.

On behalf of our agency, we very much appreciate your participation in this program. We know what busy people you all are. We realize that most of you are juggling multiple responsibilities that come from caring for one or more children, along with your other commitments. We'll be talking more about this program, which is called A Tradition of Caring. But we want to acknowledge that your presence here reflects your caring and concern for your family. Our goal is to make this a process that will assist and support you as kinship caregivers, and we believe you'll go away feeling that this has been time well spent.

7. Begin participant introductions.

Now that we've introduced ourselves, let's find out about you. Would each of you please introduce yourselves, tell us in what way you are involved with the kinship care process, and give a brief explanation about the drawing or symbol on your name tent. We will be sharing our stories later in the session, so we don't want to spend a lot of time sharing them at this point. We realize that some people might feel a little uncomfortable introducing themselves to people they don't know. Just remember that everyone in this room has a lot in common, and that we're here to help one another. Don't feel pressured to share any information you consider personal or private.





It is often helpful to allow someone to volunteer to begin the introductions, and to then move in order around the room until everyone has been introduced. Minimize extended discussion or sharing during the introductions. Participants will share their stories later on in the meeting.

8. Transition into a discussion explaining A Tradition of Caring.

Thanks. We'll be getting to know one another better during the remainder of this session, and in the sessions to come. Now let's spend a few minutes talking about why we're all here. What is "A Tradition of Caring", and how can it assist you as kinship caregivers?

B. Purpose of the Program

1. Explain the purpose of A Tradition of Caring.

Raising children is one of the most challenging jobs we can think of. Parenting someone else's child, especially someone within your own family, raises the stakes even higher. Kinship caregivers often express feelings of isolation, frustration, or helplessness. They need answers to questions, they need access to resources, and they need support. "A Tradition of Caring" is one avenue of support for people who care for children within their families. Whether you are a grandparent, aunt or uncle, sibling, or family member unrelated by blood; if you are a kinship caregiver, these meetings are meant to provide you with information, resources, and support.

This program can also help you fulfill the agency's requirements to license or certify you as foster caregivers. Federal and state laws require that kinship families who provide care and receive foster care payments through the child welfare system meet certain requirements. This usually involves the agency working with you on what is called a family assessment. You might also hear the terms home-study, licensing study, or family profile used to describe this process. The assessment process is intended to ensure that your family is able to meet the needs of the children.

This process involves meetings with your family to get to know you and to talk with you about how your family plans to meet the children's needs. There will also be a visit to your home to ensure that basic safety and space requirements are met. Finally, the agency also requires you to complete this training



program, "A Tradition of Caring," because it provides you with information, resources, and support, helping you to meet the agency's training requirements. The assessment process, as well as this program, is designed to give you an opportunity to explore your concerns about working with the agency and what all of this will mean for your family.



2. Direct attention to **Resource 1: Facilitator's Worksheet**. Discuss the purpose of this tool.



Please find Resource 1: Facilitator's Worksheet in your Carebooks. This is just a sample of a form that the co-facilitators will be using through out this program to record information that may be helpful during the assessment process. If you have questions about this tool, or wish to see any of the notes that pertain to you, feel free to check with a facilitator during a break. These notes will be passed along to the person working with you on your family assessment.



Explain how the family assessment process occurs within the local child welfare agency. If the meeting is being facilitated with an agency other than the child welfare agency, it is recommended that a representative of the child welfare agency be invited to discuss the process and answer any questions about the process.



3. Direct attention to **Resource 2: A Tradition of Caring: Outline of Meetings**.

Please turn in your Carebook to Resource 2: A Tradition of Caring: Outline of Meetings. This resource lists each meeting in the program, and gives a little information about the content. Let's take a few minutes and review the information. You'll note that there are nine topic areas.

A Tradition of Caring: Introductory Meeting is the title of this meeting, and our purpose is to introduce participants to the program and to one another. You will also have an opportunity to share experiences, identify your needs, and discuss common interests and concerns. This and all other meetings will last three hours.

Understanding the Child Welfare Service System will help you to understand and navigate the child welfare system, including how these services are organized, their purpose, the help they can provide, and ways to work effectively with the system.

Supporting Healthy Development and Managing Loss

provides information and support in two primary areas: typical human development, and how the child's life experiences, including separation, grief, loss, and trauma, can impact child growth and development.

Identifying and Meeting Special Needs *discusses areas of special interest for kinship caregivers as related to developmental issues of children who have been separated from their parents and might have experienced significant trauma and loss.*

Providing Guidance and Discipline *focuses specifically on the challenges of providing guidance and discipline to the children in your care.*

Maintaining Family Connections *looks at the challenges faced by kinship caregivers regarding contact between children and their parents and extended family members on both sides of the family.*

Connecting Children to Safe, Nurturing, Lifelong Relationships *explores children's need for permanent connections, the role of the legal system in helping establish permanence for children, and your role as a kinship caregiver in helping to ensure permanence for children.*

The Kinship Experience: Family Change *will help you explore the impact of kinship care on your family and provide strategies for dealing with the changes that occur.*

Getting Help: Finding and Using Resources *explores your need for services and supports and ways to advocate for and access needed services for your family.*



4. **Display Transparency A: A Tradition of Caring: Outline of Meetings.**
Use this to assist in explaining the program design.



The structure of the program may vary depending on the setting in which it is being provided and its purpose. Community social service agencies or support groups may have greater flexibility in how they choose to conduct the sessions and will need to describe that process at this time. The order of the meetings may be changed to meet the needs and desires of the group. Child welfare agencies responsible for licensing kinship families will need to specify their training requirements (including attendance, the number of hours that must be completed, and how the training will impact the licensing process). If this program is being used in conjunction with the Family Assessment process, the current order of meetings is recommended.



In order to meet the training requirements for licensing or certification, you will need to complete the entire program or 27 hours. However, in a minute, we will begin to identify the order in which we wish to address the meetings. The agency's policy regarding attendance is _____.



Be prepared to address agency policy and expectations regarding the number of meetings (if any) that may be missed, and other agency-specific expectations regarding attendance and participation.

5. If appropriate, determine the order in which the meetings will be addressed.

Conduct a discussion regarding interest in the meetings and be prepared to offer clarification regarding content of each meeting. The following questions will assist you in directing this discussion:

What topic jumps out at you as being most critical? How many others see this as being a critical topic?

*Is there a topic that seems less important to you at this time?
How many others see this topic as being less important at this time?*

6. Attempt to gain a consensus of the first topic to be addressed. If there is not consensus, quickly go around the circle and poll each participant. Proceed until all the meetings are ordered.

Review the order of the meetings and designate the specific dates for each session and meeting.

7. Describe the structure of each meeting.

We're making great progress! We've looked at some of the topic areas that are of interest to kinship caregivers, and you have determined how we will proceed to look at these different topics. It is clear that the issue of _____ is especially challenging, and at our next session we will begin to explore this area.

This is a good time to describe to you the way in which we will focus on the different topic areas so that you will have an idea of what to expect of our sessions. Unlike typical "training" or school experiences you may have had, A Tradition of Caring will not feature long speeches or presentations. In fact, we consider ourselves group facilitators and not trainers! The most talking we will be doing is probably in this session—trying to get us organized and started.

In each of the meetings, you will have an opportunity to "tell your story" or share with one another your concerns, strengths, and needs related to the topic area. As facilitators we will then provide you with some nuggets of information or food for thought related to that topic. This is followed by an activity or discussion designed to help determine how the information applies to your situation and your life. Finally, we are asking each of you to complete a personal action plan that describes how you will take the information and use it in some way to strengthen your family or better meet the needs of the children in your care. This is titled Caring in Action and will reflect your continued efforts and commitment to kinship care.



8. Display Transparency B: Outcomes for Children in Kinship Care and describe.

Throughout this program, you will hear us refer to the Five Desired Kinship Outcomes. We believe it is helpful to look at what we want to achieve—from the children's point of view. This program will focus on helping you increase the knowledge and skills necessary for achieving these outcomes. Through kinship care we want to ensure that children are protected and nurtured; that their developmental needs are met and developmental delays are addressed; that relationships between children and all family members are supported; and that children are connected to safe, nurturing relationships intended to last a lifetime. Finally we want to ensure that kinship families work within the community and with the child

welfare team to ensure that both family and child needs are met.

9. Ask if there are comments or questions related to the content and structure of A Tradition of Caring.

C. Review of Outcomes, Session Goals, and Session Objectives



1. Continue to display **Transparency B: Outcomes for Children in Kinship Care** and ask participants which outcomes they think the first introductory meeting is likely to address. Participants are likely to identify all the outcomes.



I think you're right. Because this meeting is an overview, we will be addressing at least some information related to each of the outcomes. We'll be emphasizing the importance of protecting and nurturing children, as well as acknowledging the challenges of meeting developmental needs. Your presence here shows that you recognize the importance of supporting relationships between children and their families. The idea of connecting children to safe, nurturing relationships intended to last a lifetime may be one that is not as familiar to you, but we'll talk about this later in the session. Finally, working with one another and with us demonstrates that you recognize the need to work with community resources to strengthen your family, and the need to work with the child welfare team to ensure that family and child needs are met.



2. Direct attention to **Resource 3: A Tradition of Caring—Meeting Goals and Objectives** and briefly review. Ask if there are comments or questions.



3. Direct attention to **Resource 4: Agenda**.

As we described before, this meeting will combine information, sharing, and support. We'll start by telling our stories—we'll explore how each of you got involved in kinship care and how you have common strengths and challenges. Then we're going to provide you with some information that helps, including some facts about kinship care and discussion about the outcomes for kinship care. Next you'll explore what this information means for your family. You'll then have the opportunity to identify some action steps or things to do to strengthen your family—you may recall that this is called Caring in Action.

We'll examine the role of the child welfare agency in supporting your involvement in this program, and address any

questions you might have regarding home study or assessment, licensure, or certification.

Finally, we'll end the session by celebrating kinship care with a real life Celebration of Caring story.

D. Discussion of Teamwork Agreements

1. Introduce the concept of teamwork agreements.

Since we're going to be working together over a period of time, we need to discuss some issues that will help us work together more effectively. We call these teamwork agreements because teamwork is one of our identified outcomes in kinship care. We'll be spending a lot of time talking about teamwork, so we want you to start making a connection between teamwork and kinship care.

2. Direct attention to **Transparency C: What is a Team?** Ask participants the following question, and cover the points below.

What is a team?

- *Has two or more people*
- *Shares a common goal*
- *Has complementary roles*
- *Has an established way of working together, through procedures and common terms*

3. Link these concepts to this program, covering the following points:

How are our Tradition of Caring participants like a team?

- *We all share a common goal to be the best kinship caregivers we can be.*
- *We have complementary roles. As facilitators we help guide the group, share information, and keep the group on track and on task. You share information about yourselves, your expertise in caring for children, and the challenges you face.*
- *We have an established way of working together in the assessment, licensing, or certification process.*





4. Negotiate specific teamwork agreements with participants and record them on an easel pad.

Teamwork agreements are the ground rules that a team establishes to help ensure a supportive and safe learning environment. For example, an agreement we would like to establish is that the sessions will start and end on time. We will also take a break during the session. What are some other agreements we need in order to establish a supportive environment?

Essential teamwork agreements include the following:

Starting and ending time: Agree with the group to start and end all sessions and breaks on time. Start the session even if only a few people are there. Stop exactly on time. Never keep participants later than scheduled. If you haven't covered the content, pick it up next time or negotiate some other plan with the group. Model a commitment to time schedules, and participants will follow.

Culture, gender, age, sexual orientation, education, and role sensitivity: Individuals from diverse backgrounds and with diverse perspectives can unknowingly offend each other. Such incidents may even go unnoticed by the facilitator. Agree with participants that the sessions will be conducted with dignity and respect. If someone is offended, it is his or her responsibility to acknowledge that feeling with the group. Use parallel process and group problem-solving.

Confidentiality: It should be agreed that training content can leave the training site, but training process cannot. This means that participants can and should share training content with colleagues, families, and friends. Any personal issues or shared comments, however, should stay in the training room.

Feedback is expected: The end of a training program is too late for the facilitators to learn that participants are unhappy. Agree with each person in the group that any concerns about the program will be shared with the facilitators for mutual or group problem-solving. Encourage participants to let the facilitators know when they are happy with the program.

Facilitators also need to give feedback to the groups. A group that is working hard should be acknowledged. Facilitators should feel free to let a group know when they are frustrated. Good communication is a two-way process.

5. Summarize the discussion.

You have completed an excellent teamwork agreement. I am sure that our work together will be productive and these agreements will help ensure a supportive environment for each of us.

E. Use of the Carebook Resources

1. Direct attention to **The Carebook: Resources and Tools for Kinship Caregivers.**

The Carebook has a number of special purposes which include:

- *Providing the objectives and agenda for each session*
- *Helping with the activities we'll be doing during our sessions*
- *Providing a place to keep any notes you may want to take*
- *Providing additional materials you will need for this program*
- *Documenting the work you do and things you are proud of*
- *Serving as an ongoing resource at home*



2. Explain how the Carebook is organized. Cover the following features and points, suggesting that participants identify these pages in their Carebooks as they are mentioned:

Title page: A Tradition of Caring is a title that recognizes the importance of kinship care through time and the value it has had in the lives of millions of children.

Writing team page: the writing team has more than 20 years each of expertise as curriculum developers and facilitators, working both nationally and internationally, and also includes kinship caregivers, educators, and social workers.

Welcome letters for you:

The agency using A Tradition of Caring should prepare welcome letters ahead of the session. Letters should show agency's support and encouragement for the participants' success in the training sessions. (Letters should indicate authorship, i.e. agency director, support groups, etc.)

Table of contents: lists the contents.

Meeting goals and objectives: describes what participants will achieve as a result of each meeting.

Agenda: covers the topics and subtopics for each session.

Resource sheets: information to use during the sessions.

Caring in Action: provides a place to record actions and tasks related to the meeting content that will help strengthen the family.

A Celebration of Caring: real life stories that celebrate the tradition of kinship care and conclude each session.

Supplemental Resources: special resource session that participants can utilize for additional information and resources.

3. Explain the importance of bringing the Carebook to each session.

Your Carebook is an essential resource for this program. It is important that you bring it to each session, and you may want to put your name on the front.

Part II: Telling Our Story



00:50 Total

Purpose: To introduce participants to the range of ways and situations in which families ensure the care and nurturing of their children; to celebrate the role that each participant has played in the care and nurturing of family members; to understand the range of challenges that kinship caregivers face; and for group participants to develop a sense of commonality.

A. So Much in Common

1. Explain the purpose of the activity.

Our stories are very important to us—in fact, stories become very important parts of family traditions. The recognition of the role that each of you plays in providing care and nurturing for a loved one is a celebration of the tremendous tradition of caring that exists right within this room.

Each of us has our own unique story, but through the sharing of our individual stories we will find that we share many strengths, concerns, issues, and questions. Through this activity we hope to show you that there are others who are walking the same path, struggling with the same issues, and asking the same questions. Facing challenges alone can be overwhelming—sharing challenges with others can inspire and motivate.

The stories that you tell will help us as facilitators to better understand the strengths that you bring, and the challenges you face. We can use your strengths to help you grow and learn from one another. We can provide you with information and resources to help you face your challenges.

Finally, this activity will help us get to know one another and appreciate both our commonality, as well as our wonderful diversity and uniqueness.

2. Refer participants to **Resource 5: This is My Caring Story** and begin the activity.





Explain that the purpose of the activity is to help participants get to know one another and see the strengths and challenges that they have in common.

Tell participants to remove the two pages of the resource from the Carebook and lay them side by side. Next, have the participants tape the pages together so that it lays out as one big sheet. If there are family members present, they can help as well.

They may fill out the resource in any way they choose. They may write, draw pictures, or cut pictures from magazines and paste them, or a combination of all. Note that there are markers, pens, pencils, magazines, glue, and art supplies available. (Note that if there are couples or household members attending the training together they may choose to work on the activity together.)

After you've taped your sheets together, feel free to use any of the art supplies we have available to help fill out your story. You can draw, write, or even paste pictures to help tell your story. If you have pictures of your own, you can even use those.

Remember, there is no right or wrong way to answer these questions or to tell your story. Share only what you are willing to share with the group.

3. Provide a concrete example by noting that the first space to fill in says "This is me . . .," and explain that a person could simply write their name, they could describe themselves in a short paragraph, they could describe themselves with three or four adjectives, they could draw a picture, they might paste a picture (if they happen to have one). Stress that there is not a right or a wrong way, and that artistic ability is not necessary. Encourage a fun and fast paced approach to the activity.

Explain that they will have 15 minutes to complete the activity. Be ready to provide concrete assistance to participants in getting started.

4. At the end of the activity pair up participants (put participants together who do not know one another) and ask that they share their story with their partner . Explain that they will be asked to briefly share their partner's story with the group. Allow about 6 minutes and then note it is time for the other partner to tell his or her story.

Ask each pair to report back about what they learned about their partner and then ask the partners to place their stories on the large banner titled "Our Tradition Of Caring."

5. Process the activity by pointing out the rich tradition of caring that exists within the room and the commonalities within the group.





Within this very room you can see that we have a rich tradition of caring. It is clear that you have many strengths and skills and a great commitment to your family. You are each unique and have your own story. That is why you completed "My Caring Story." But when you each placed your story on the banner up here, we created "Our Caring Story." While each of your individual stories is impressive, when we put them together we can truly see the power of the love, caring, and commitment that we all share.

We also put them up here together so that you could see that you are not alone. There are people working to do the same things that you are doing, in some of the same challenging situations, and having some of the same joys and struggles.

At this time facilitators can point out common themes, issues, strengths, hopes, and concerns.

Part III: It takes a Family to Raise a Child



00:50 Total

Purpose: To provide information about kinship care; discuss the outcomes of kinship care and the strengths that kinship caregivers are likely to have related to the outcomes as well as the challenges.

B. Information That Helps



1. Ask participants to provide their definition of kinship care. Write key words on an easel pad as they provide their ideas. Then display **Transparency D: Definition of Kinship Care**. Read the definition and make the following points.

This definition is meant to be broad to include all different types of caregiving.

Kinship may be informal (arrangements made within the family) or formal (a child welfare agency has legal custody of the children); or may include both at different points in time.

2. Ask participants how and when they think kinship care began. Encourage participants to discuss the historical and rich tradition of kinship care. Summarize the discussion.

Indeed the words kinship care may be fairly new to us. But throughout time many cultures to varying degrees have developed rich traditions of care and nurturing within the family. Many of you may have been raised by relatives, as may your grandparents and great grandparents. So we are not talking about something brand new. However, the topic of kinship care has become more prevalent and now the child welfare system is increasingly paying attention to the role of kinship care. While kinship care is not new, the attention to kinship care may be.

3. Ask participants why they feel the topic of kinship care has become more prevalent in recent years.

Ensure that the following responses are covered:

- There has been an increase in the number of children being raised by kinship caregivers. The increase in social problems such as drug and alcohol abuse, violence, street crime, incarceration, and child abuse and neglect have all contributed to increased involvement of extended family in raising and caring for children. In addition, the increased cost of housing and other basic needs makes it even more difficult for some parents to provide for their children's needs.
 - Kinship caregivers are developing networks of supports and advocating for the needs of children and kinship families.
 - The child welfare system is relying increasingly on kinship care both because of a foster care crisis, as well as an inherent belief in child welfare that children need the connections and continuity that families provide.
4. Summarize the discussion and present some statistics.

For all of these reasons, kinship care is becoming a more and more important topic area. In fact, according to the 2000 US Census, 6 million children live in grandparent or other relative maintained households. Of these, 2.1 million children live in households where the grandparent is the only caregiver. This is an increase of over 50% since 1990. It is estimated that if half of these children (1,000,000) were to enter into the formal foster care system, it would cost taxpayers over 4.5 billion dollars! (Estimates based on \$375 monthly payment). Some of the reasons cited for the increase in kinship families are:

- *Substance abuse*
- *Death of a parent*
- *Child abuse and/or neglect*
- *Teenage pregnancy*
- *HIV/AIDS*

In addition, almost half of these grandparents had provided care for the children for more than two years. This makes it clear that kinship care is often a long-term care option for children.¹

5. Note that the increasing attention to kinship care can be viewed as positive.

¹ American Association of Retired Persons. (1994). *Going It Alone*. Washington, DC: Author; and U.S. Bureau of the Census (March 2000). *Current Population Survey: 1998 Green Book*.

The attention to kinship care can only be viewed as positive. As networks develop, knowledge and skills increase, and support groups increase the supports available and valuable to kinship families will grow. In addition, it is valuable to find out that you are part of a group that shares common challenges and concerns—a group that is becoming increasingly and increasingly greater in number. While you may at times feel challenged, exhausted, and emotionally drained—rest assured that you are not alone!



6. Emphasize that together kinship caregivers can work to achieve the five outcomes for children in kinship care. Display **Transparency E: Outcomes for Children in Kinship Care**.

Together we can work, learn, and support one another. A while ago we briefly looked at the desired outcomes for children in kinship care. Let's look again at these and determine what strengths and challenges might be related to each of these outcomes.

7. Address the first outcome. Allow several participants to answer each question, and be sure the points that follow are covered.

The child welfare agency will have a particularly strong focus on this outcome, as a major role of the agency is to ensure child protection.

How might a kinship caregiver demonstrate a strength in regards to ensuring that children are protected and nurtured?

- *The kinship family is likely to know the children's history and the children's need for protection. If the children have experienced trauma or abuse, the kinship family is likely to be aware of this and the impact it has had.*
- *The kinship family is likely to have experience nurturing the children, sometimes extensive experience.*

How might a kinship caregiver be challenged in regard to ensuring that children are protected and nurtured?

- *Sometimes it may be very painful to acknowledge what children have experienced, especially if they have been victims of abuse, neglect, or other types of trauma. In these situations we might want to ignore or minimize the impact.*



- *It may be difficult in some situations to set limits with the children's parents in order to ensure the children's safety—for instance, not allowing the parent to visit if the parent is using drugs. This can be especially difficult because the parent is your daughter, son, sister, brother, or other close relative.*
- *It can be a challenge to provide nurturing to children who are angry, hurt, and upset. At times children seem to reject nurturing, and even seem angry with us that they are not with their parents.*

8. Address the second outcome. Allow several answers and be sure the points that follow are covered.

How might kinship care be a strength in regard to ensuring that children's developmental needs are met?

- *The kinship family has often been in the unique situation of having watched the children grow and develop, and they may well have extensive knowledge and understanding of the children's needs. This may be especially true if the kinship family has been providing care in the past.*

How might a kinship caregiver be challenged in regard to ensuring that children's developmental needs are met?

- *It may be difficult to acknowledge the children's needs, especially if there are special needs related to trauma and/or abuse.*
- *Some children in need of kinship care may have extensive needs related to school, health, and mental health. Meeting these needs can become exhausting, especially when it involves a lot of appointments and work with other people and agencies. It is a lot to manage and coordinate.*
- *The children's need for discipline can be especially challenging. Kids say "You're not my parent. You can't tell me what to do."*

9. Address the third outcome. As participants answer the questions, be sure the points are covered.

How might kinship care be a strength in regard to ensuring that children's relationships with their families are supported?

- *Kinship is a tremendous strength in terms of this outcome. Kinship means that the children are with at least part of the family. Further, the family knows the birth parents, extended family, and family history.*

How might a kinship caregiver be challenged in regard to ensuring that children's relationships with their families are supported?

- *The kinship family may be angry with the birth parent and other family members. The situation that resulted in the children's need for kinship care is often very complicated and may have evoked a lot of emotional response. It may be difficult to be positive about the birth parent or the role that other family members played in the situation (such as a sense that they contributed to the problem and/or did not help with the problem).*

10. Address the fourth outcome, ensuring that the information following each question is covered.

How might kinship care be a strength in regards to ensuring that children are connected to safe, nurturing relationships intended to last a lifetime?

- *A tremendous strength is that by definition, relatives provide connections intended to last a lifetime. The kinship family usually has a history with the children and can provide a sense of ongoing connection and continuity.*

How might a kinship caregiver be challenged in regard to ensuring that children are connected to safe, nurturing relationships intended to last a lifetime?

- *It can be difficult for a caregiver to assume the primary caregiving role for children on a long term basis, especially when it feels that it is usurping the parent's caregiving role.*
- *Age and health factors for caregivers can make a long term commitment difficult to consider.*
- *The child welfare system often wants children in their custody to be adopted. This is a great challenge for a kinship caregiver. While kinship caregivers may be willing to make an ongoing commitment to the children, many have concerns about adopting.*

11. Address the fifth outcome.

How might kinship care be a strength when looking at the family's willingness to work together with the community and with members of the child welfare team to ensure that the children's needs are met?



- *Kinship families often have such a commitment to the children that they are motivated to seek out and take advantage of programs and services within the community.*
- *Kinship families are often experienced at parenting and know the community resources, schools, agencies, and medical professionals.*

How might kinship caregivers be challenged in regard to working together with the community and with members of the child welfare team to ensure that the children's needs are met?

- *When children need a lot of services and help, it can be challenging trying to manage the appointments and gain access to needed services.*
- *It can be challenging to have so many people involved in your life who know your business and your family situation.*
- *It can be difficult to admit that you need help from others.*
- *Doing all of this a second time can feel overwhelming and requires a lot of energy.*



Working with the child welfare team can be a challenge. Kinship caregivers may have been providing care for the children long before agency involvement. Working with the team can feel intrusive, especially if kinship caregivers do not feel they have a voice on the team. In addition, it can be difficult to understand the agency's policies, procedures, and legal system.

12. Summarize the discussion.

As you can see, there are many potential strengths we may bring to our role as kinship caregivers in helping to ensure that these outcomes occur. There are also challenges that may be inherent in our role as caregivers. It is important to recognize our strengths, as well as our challenges. We want to build on our strengths and identify strategies to overcome challenges so that we become even stronger.

C. Initial Kinship Family Self-Assessment



1. Refer participants to **Resource 6: Self Assessment and the Five Desired Outcomes.**



At this time, I want you to take a few minutes to complete this self assessment, which is related to the five outcomes we have been discussing. Don't worry too much about your responses. This is a tool for your use, to help guide your learning, and to help determine what action steps you can take to strengthen

your family. We will be completing this assessment again at the end of the nine-meeting program. You will not be required to share your responses, although I will be asking for volunteers.

2. Call time after about 5 minutes or when most participants have completed the self assessment. Process the activity by asking participants to volunteer their responses to the different questions.
3. Summarize the activity.

You have done an excellent job taking information that we have learned about in this session and applying it to your family. This is real learning at work! Your efforts to look closely at your family and your strengths and needs is very impressive. Next we'll move to action planning.

D. Caring in Action



1. Refer participants to **Resource 7: Caring in Action—Putting this Program to Good Use.**

Please look at Resource 7: Caring in Action—Putting this Program to Good Use. This will help you consider your role as a kinship caregiver from a very broad perspective. As we proceed through this program you will be looking more specifically at different aspects of these outcomes. This action plan asks you to identify tasks or steps that you can take in the course of this program to strengthen your knowledge and skills in the five outcome areas. This action plan is a little different from the ones that will follow. This one focuses on your participation in this program—how you can use the program to increase your knowledge and skills and how you can use your strengths to contribute to others.

You are asked to look at each of the five outcomes. Refer back to your self-assessment as you think about your action plan.

2. Provide some concrete examples for the participants.

I will give you an example. Looking at Outcome 1, suppose you identified that one of your challenges was how to set appropriate limits regarding visits with the children in your care. You may identify that you need support from others in this group around this issue. Or you might identify that you need to hear encouraging experiences from those in this group who have been able to deal successfully with this issue. Action steps might include reading on this topic or talking to another

group member prior to the meeting that deals with this topic. Another action step might be to ask the group for support on this issue.



3. Instruct participants to begin work on the plan. Note that they do not have to address every strength and challenge they identified in the self assessment, nor do they have to address every outcome. Encourage them to pick out the most important issues they face, as well as their greatest strengths. Move actively among the participants providing assistance as needed. Call time after 10 minutes and explain that they may finish the plan at home if more time is needed.
4. Facilitate a large group discussion. Several of the questions noted below might be posed to the group. However, responses should be voluntary.
 - *Would anyone like to share an insight you had working on this chart?*
 - *Can anyone share an example of help you can give as a result of this activity? An action step?*
 - *Does anyone have a question or concern you'd like to discuss?*
5. Summarize and conclude this portion of the meeting.

You've done some excellent work. Keep this action plan because you will want to refer back to it throughout the meetings to remind you of the help you can give and the help you need in these meetings. We will continue to do action plans as part of each meeting—but this is the only one that is directly related to planning how you could best learn from and use these meetings.

Part IV: Connecting with the Child Welfare Agency



00:15 Total

This portion of the meeting is targeted especially to groups or individual participants who are working formally with a child welfare agency.

Purpose: To explain the agency's role in ensuring protection and well-being of children and to emphasize the importance of teamwork in meeting the children's needs.

A. The Agency Role



1. **Present Transparency F: Ways to Rely on the Agency for Help and Support.** Use it to help participants understand the agency role in working with kinship caregivers as they proceed through the program.

As you know, this program is part of the agency's requirements to certify or approve you as foster families. The agency wants to support you in your learning and participation. There are a number of ways that you can rely on the agency for help and support as you proceed through the program.

Discuss what you are learning with the worker or the resource worker in your agency. This can be especially helpful if you take what you have learned here and discuss it as it relates to the children in your home.

Attend agency planning and review meetings, as well as court hearings.

Share your action plans with the agency as you go through the meetings as part of the process of helping the agency to get to know you. The actions plans clearly demonstrate your commitment and willingness to strengthen your skills and knowledge.

Visit the agency, ask questions, and try to become as comfortable as possible. Your work with the agency will be ongoing.

If you have difficulties with the agency during this program, bring your concerns to the group. We will problem solve together. As you know the fifth outcome focuses on teamwork, and you are now a part of the child welfare team working on



behalf of the children in your care (or the children who will be in your care).

2. Display **Transparency G: Who are Members of the Child Welfare Team?**
Ask participants if they can identify the members of the child welfare team.

Ensure that the following are covered:

- Kinship caregiver
- Child's parents
- Child
- Worker
- Resource worker (usually the person doing the certification, licensing, or home study)
- Child's teacher
- Therapists
- Guardian Ad Litem and/or child's attorney and/or advocate if case is court involved

3. Ask participants why teamwork is important among members of the child welfare team.

Ensure that the following points are covered:

- One person cannot meet all the children's needs. The knowledge, skills, and expertise of all team members are needed.
- If people working on behalf of the children are not working together this can become even more confusing for the children. In addition, it is difficult to move forward if people are working against one another.

4. Clarify the overall role of the agency.

It is important, as you work with the agency, that you are clear about the agency's role. There is an entire meeting on this topic where we will explore this in greater depth. But it is important for you to know that the agency's primary concern is to ensure the overall protection and safety of the children. Child welfare agencies try to do this within the family whenever possible because they recognize the critical role that families play in children's life.

The agency's other concern is that children have permanence in their lives. By permanence the agency is usually referring to children's need for emotional, physical, and legal stability. The agency usually has a permanent goal for children. This goal in the beginning is usually for the children to return home. But if this cannot happen the agency may look at other goals—adoption and guardianship are examples. The agency worker is responsible for working with the team in developing a service plan (or case plan). This plan describes how the permanent plan for the children will be achieved.

5. Note that as the meetings continue, attention will be given to the topic of teamwork.

As we continue through the meetings we will be discussing teamwork and your role as a kinship caregiver on the team.

B. Making Connections with the Assessment, Licensing, or Certification

1. Provide an overview of the licensing, certification, and/or home study process.

The facilitator needs to be prepared to provide a detailed overview of the assessment, licensing, or certification process and how A Tradition of Caring fits into the process.

2. Ask participants how they feel about participating in this process. Expect the following types of responses:

- The process feels intrusive.
- I don't know why they're asking all those questions.
- It's hard having people involved in your family business.
- I've been taking care of kids all my life.

3. Acknowledge the feelings of group participants.

Participating in an assessment or home study (or licensing) can be challenging. Your feelings are understandable in many ways. It's hard to have other people involved in our lives. I'm sure for those of you who have been caring for children over time, the process must feel strange.

4. Challenge participants to identify why the home study or licensing process can be important when you look at the five outcomes.

Encourage participants to respond with the following:

- The agency does have the responsibility to ensure that children are in a place where they will be loved, protected, and kept safe.
- This process gives us an opportunity to begin to work together and get to know one another.
- We also have the opportunity to ask the agency questions and to try to get them to be more responsive to our needs. The licensing or assessment process is where this can begin.

5. Summarize the discussion.

The assessment or licensing process can be challenging. But you're right. The agency does have a responsibility to ensure that children in their care will receive the love and protection they need. The process does give you an opportunity to begin practicing teamwork and develop your skills in working with the agency. We'll continue to look at this throughout each meeting that we have together.

Closing Remarks



00:15 Total



A. Celebration of Caring

1. Direct participants to **Resource 8: Celebration of Caring**. Read the vignette on the resource aloud, or ask a participant (who has agreed ahead of time) to read it. Invite any comments about the story.

B. End the Session

1. Remind participants of the date and time of the next session and the topic that the group selected for the next session.
2. Remind participants to bring their Carebooks back to the next session.
3. End the session.

Thanks so much for joining us. We have done a lot of hard work and you have made plans for how we will proceed. We have enjoyed meeting you and we look forward to seeing you at the next session.



Meeting Two: Understanding the Child Welfare Service System



A Tradition of Caring

Understanding the Child Welfare Service System

Understanding the Child Welfare Service System

Agenda

Part I: Welcome and Caring in Action Discussion

- A. Welcome and Review of Outcomes, Session Goals and Session Objectives
- B. Caring in Action Follow-Up

Part II: Telling Our Story

- A. Understanding Safety, Permanence, and Well-Being: Group Activity
- B. Safety, Permanence, and Well-Being: When Families Are Not Enough

Part III: Overview of the Child Welfare Service System

- A. History of Child Welfare Services
- B. Involvement with the Child Welfare System

Part IV: Making Decisions

- A. How Decisions are Made
- B. Involvement with the Child Welfare System
- C. Caring in Action

Part V: Closing Remarks

- A. Celebration of Caring
- B. End of Session

LEGEND	 = Carebook Resource	 = Trainer's Note	 = Easel/ Easel Pad	 = Individual Activity
 = Transparency Used	 = Important to the Child Welfare process	 = Time Length	 = Group Activity	
<i>Italics</i> = Facilitator's speech				

Resources, Transparencies, and Materials

Resources

- Resource 1: Understanding the Child Welfare Service System: Meeting Goals and Objectives
- Resource 2: Agenda
- Resource 3: How We Keep Our Families Safe
- Resource 4: How We Ensure Permanence
- Resource 5: How We Promote Well-Being
- Resource 6: Milestones in Child Welfare Services
- Resource 7: Moving Through the Child Welfare Service System
- Resource 8: Moving Through Licensure/Certification
- Resource 9: Caring in Action: Safety, Permanence, and Well-Being
- Resource 10: Celebration of Caring

Transparencies

- Transparency A: How Long Ago?
- Transparency B: Milestones in Child Welfare Services
- Transparency C: Moving Through Licensure

Materials

- Easel and easel pad
- Markers
- Overhead projector and screen or LCD projector and screen
- Refreshments

Part I: Welcome and Caring in Action Discussion

Since this session is devoted entirely to working with the child welfare service system, the



icon has been omitted. If a private agency is conducting this program, it would be helpful to have a public child welfare system representative serve as a co-facilitator or special guest to address child welfare issues and answer questions from participants.



00:15 Total

Purpose: To review the goals, objectives, and agenda of this session, and to share experiences, successes, questions, and concerns related to Caring in Action plans.

A. Welcome and Review of Outcomes, Session Goals and Session Objectives

1. Welcome participants.

Welcome back! It's good to see you again, and to see your caring in action – by coming here you show your commitment to your families and the children in your care. Please place your name tents in front of you. If you need to make another one, you'll find paper and markers on your tables.

2. Discuss the title of this session, and connect it to the Kinship Care Outcomes.

This session is about "Understanding the Child Welfare Service System." The Child Welfare Service System is the array of public and private agencies which work to protect children who are at risk of harm by providing safety, preferably in their own homes, and to ensure that they have permanent homes to grow up in, where their well-being will be provided for. In this state the public child welfare agency is _____ [name of state child welfare agency].



This session is written from the perspective of a public child welfare agency. If it is being presented by another group or private agency, some wording might need to be changed. If the session is not being facilitated by a public child welfare agency and a representative of the welfare agency is participating in this session as a special guest, introduce him/her here.

Some of you may have a child or children living with you who are in the legal custody of [refer to child welfare agency]. Some of you may know people who have been involved with public child welfare agencies, and some have never had contact with the [agency]. Some of you may be thinking about whether you would be able to meet the goals of kinship care better, if you were involved with the [agency]. This is an important question, and it is important to understand what the child welfare service system is mandated to do, and not mandated to do; and to understand how the child welfare service might help you.

So in today's session, we will discuss the principles of child welfare service systems – that is, the goals of the services provided. We will talk about your own experiences with child welfare services, as well as the history of child welfare services in this country. We will talk about how decisions are made in child welfare agencies.

Most important, we will talk about what child welfare services mean to your family – what are the advantages and challenges of involvement with the child welfare system, and what help might you need to provide the protection that the child welfare service system is designed to provide. This will be your opportunity to think about your own Caring in Action plans, and the place the child welfare agency may have in them.



3. Direct attention to **Resource 1: Understanding the Child Welfare Service System: Meeting Goals and Objectives.**

Take a look at Resource 1 Meeting Goals and Objectives. Take a moment to read over what we've listed.

This is a lot to cover, so we've identified the most important issues to explore. Do any of you have comments, questions or suggestions?



4. Direct attention to **Resource 2: Agenda.**

We try in every session to combine information, sharing, and support. Today we will begin with an exercise that helps us think about the ways in which families provide for the safety, permanence and well-being of family members, particularly the children, and what happens when families cannot meet these needs. This will help us understand the primary goals of child welfare services.

We will then review some information about the history of child welfare services – understanding that there was a time when there were no laws about the protection of children, and thinking about how laws and expectations have changed over the years. You will have the opportunity to talk about your own experiences with child welfare agencies.

We will pay careful attention to how the child welfare service system works, and spend time exploring the pros and cons of involvement.

B. Caring In Action Follow-Up

1. Introduce the activity.

At our last session, each of you developed your Caring in Action Plan, continuing to address your family's needs in relation to kinship care. Let's spend a few minutes talking about your experiences in putting your plan into action. Did any of you have successes you would like to share? Any frustrations? Tips for each other?

- 2. Facilitate a discussion regarding experiences in implementing Caring in Action plans. Sharing should be voluntary. Strive to keep the discussion as positive as possible, focusing on successes and generating suggestions for addressing frustrations or challenges experienced by group members.**
- 3. Move to Part II of the session.**

Part II: Telling Our Story



00:35 Total

Purpose: To explore three primary concepts of current child welfare service provision: ensuring the safety, permanence, and well-being of children. To acknowledge that families ensure these for children, and that when parents are unable to do so the extended family often steps in to do so.

A. Understanding Safety, Permanence, and Well-Being: Group Activity

1. Introduce the activity.

In 1997, Congress passed a law which established a clear focus for child welfare services systems: in providing services aimed at protecting children, child welfare services must ensure each child's safety, permanence, and well-being. If we think about it, each of us has been doing just that, perhaps using those words, or using other words.

Let's think about those words for a moment by brainstorming – brainstorming means saying whatever comes into our heads without judging or commenting on it – it gets our mental energy flowing.

So, let's brainstorm first about safety – what does that mean?

2. Record responses on an easel pad. Ensure that the concepts of protection from harm or injury, or from risk of harm or injury, and protection from developmental loss are included.

That is a good list, and one that helps us understand safety. Now let's think about permanence. We've talked about the importance of relationships and that discussion might help us here—what does it mean when we say we want to ensure permanence for children?

3. Record responses on an easel pad. Ensure that the concept of “consistent, lifelong connections” is included.

Another set of helpful ideas. Finally, let's brainstorm about well-being – what does that mean?



4. Record responses on a easel and easel pad. Ensure that the concepts of promoting health, learning, competence, and skill are included.

You've developed a comprehensive list which helps us understand these ideas. Although the ideas are straightforward, it can sometimes be a challenging task to put the ideas into action, and they can be applied in different ways in different families. The activity we are about to begin will allow us to explore how our families promote safety, permanence, and well-being.



5. Introduce a small group activity by directing attention to **Resource 3: How We Keep Our Families Safe, Resource 4: How We Ensure Permanence, and Resource 5: How We Promote Well-Being.**

Please turn in your resource materials to Resource 3: How We Keep Families Safe; Resource 4: How We Ensure Permanence; and Resource 5: How We Promote Well-Being. We have thought about what these concepts mean in general. These resources ask you to think about these issues from your own experience in your own families, and particularly regarding the children in your care.

We are going to divide into three groups so we can explore each principle as fully as possible.

6. Divide the group into three smaller work groups. Assign each group one principle – safety, permanence, well-being.
7. Instruct the group to identify a recorder, and to discuss the questions listed in the Resource. Instruct the recorder to take notes on the discussion and to be prepared to report back to the larger group.
8. Allow 10 minutes for the work groups to discuss the questions and complete the Resource worksheets. Inform the groups when 5 minutes have passed, and then tell them when they have one minute left.
9. Facilitate reports and a large group discussion. Beginning with the group working on safety, ask each group to identify their topic, and summarize the responses of the group.

Let's talk for a few minutes about what you've been discussing in your work groups. You can tell us how you have found ways to ensure the safety, permanence, and well-being of the children in your care.



B. Safety, Permanence, and Well-Being: When Families Are Not Enough

1. Introduce the discussion.

Almost always, families do the best they can to provide safety, permanence, and well-being for their children, but we know that sometimes parents are just not able to maintain care for their children. Let's think about what happens when parents cannot care for their children, or when parents hurt their children. Sometimes other family members, like you, can step forward and provide care, but that does not happen in every case. What happens when there is no family member available to care for children whose parents cannot care for them?

2. Facilitate a brief discussion about the need for public or private child welfare agencies to step in and care for children. Be sure to point out that sometimes the child welfare agency and the kinship family become partners in providing for the children. Allow a few minutes for this discussion. Explain that these ideas lead us into thinking about the child welfare service system, how it developed, and what it is mandated to do.

Part III: Overview of the Child Welfare Service System



00:40 Total

Purpose: To describe the development of modern child welfare services. To describe the changes that have taken place in society's view of the care of children. To explore experiences of participants in their involvement with child welfare agencies.

A. History of Child Welfare Services

1. Introduce the topic of the history of child welfare service systems.

There was a time when there were no laws at all about the protection of children. How long ago do you think that was?

2. Display **Transparency 1: How Long Ago?** Ask participants to volunteer a guess. Congratulate the participant who makes the closest guess (about 125 years).

Some think the beginning of child welfare services is marked by the case of Mary Ellen, a little girl in New York City who was abandoned by her parents and abused by the family she lived with. At the time there were no laws which prohibited abuse or cruelty to children – although there were laws which prohibited cruelty to animals. And it was through the laws regarding animals that Mary Ellen was given some protection. We do not know exactly what happened to Mary Ellen, but we do know that the prevailing belief then was that children of the poor were much better off if they were sent away from their parents. And more than 100,000 children were sent on what were called "Orphan Trains" to live with and work for families in the American west. These programs were provided entirely through private agencies. There were no public child welfare services until the early 20th century.

3. Direct participants to **Resource 6** and **Transparency B: Milestones in Child Welfare Services**. Present the following information.

Interest of public agencies in the welfare of children began as part of a program to help families who had lost their breadwinner – assumed to be the father – through death or abandonment. The "Mothers Pension" as it was called



provided financial support for children. To ensure that the pension was being used properly, the public agencies administering the pension instituted a program of home visiting. Out of this movement were developed some ideas about what it meant to be a "fit" parent.

4. Invite participants to think about what sort of standards might have been set in the 1920's which defined a "fit" parent. Ensure the following are included:
 - Cleanliness of the home
 - Frugal housekeeping and basic cooking
 - Cleaned and appropriately dressed children
 - No male visitors to the house
 - No alcohol use (ladies did not drink)
5. Invite participants to think about ways in which these standards are different from those we are considering, for example: developmental needs of children; importance of relationships; dealing with loss; and stresses on families such as poverty, unemployment, domestic violence, etc.

Over time, those involved with families began to see that families needed more supports and resources than just financial help, and that children needed more than cleanliness in order to grow up to be stable, competent adults. A separate professional field of Child Welfare was developing, which provided services separate from provision of financial supports. The field developed a body of knowledge about how children grow, what sorts of protection they need, and what help families need in order to care for children.

For example, in the 1960's doctors began to see that certain types of injuries to children could only be deliberately inflicted – they could not be the result of accidents. Then states and the Federal government realized that these injuries were a clear signal that injured children needed protection. This led to the development of reporting laws.

6. Ask participants what the term "reporting laws" means to them. Facilitate a discussion about why reporting laws are important. Ensure the following concepts are discussed:
 - Before there were reporting laws, children could be injured, treated, and then sent home where they would be injured again.

- Before reporting laws, doctors, teachers, and others caring for children might have been aware that a child was being hurt at home, but had no resource to call on to intervene.
 - Some children who grow up being hurt by adults who care for them become adults who hurt children – and without reporting laws there was no avenue to intervene in this intergenerational pattern.
7. Ask if any participant knows when reporting laws were made mandatory in every state. Explain the following.

In 1974, Congress passed the Child Abuse Prevention and Treatment Act, which required that every state establish a mechanism to receive reports of child abuse and to investigate these reports. This was just about 100 years after Mary Ellen had been protected by using laws against cruelty to animals.

We keep learning more and more about what children need in order to grow up to be healthy and secure adults. We learned that they needed to be protected from being hurt. And we noticed that children who lived for a long time in temporary arrangements had more problems in life. We understood that children need secure attachments that were intended to last a lifetime. And we have learned that they need adults who will look after how they learn, stay healthy, make friends – their well-being. So in 1997, Congress passed a law called The Adoption and Safe Families Act. This act requires that child welfare service systems use three important principles in providing services to children and families. Can anyone guess what they are? We discussed them just a short while ago: safety, permanence, and well-being.

This means that the child welfare service agency working with a family must ensure that children will be safe – preferably safe at home with their parents. But if children cannot be safe at home, the child welfare agency must place them somewhere safe.

Second, it means that planning has to take into account the children's need for consistent lifelong relationships – that means the first goal is to help the parents become able to keep the children safe. But if that is not possible, the child welfare agency must find an alternate safe setting for the children that is intended to be enduring. In order to ensure permanence, the law places limits on how long the children can stay in a temporary placement.

8. Describe quickly the mandate and organization of the agency. The law requires child welfare agencies to provide services in ways that promote children's well-being, so that they can learn and grow to the best of their ability. Ask if participants have any thoughts or comments about this brief history. Ensure that the following concepts are introduced:

- Although the principles are clear, making decisions about these issues can be very complex and confusing.
- The child welfare service system has a very comprehensive mandate.
- Success in providing such a broad mandate of services requires excellent teamwork.

B. Involvement in the Child Welfare System

1. Introduce the discussion.

People become involved with child welfare agencies in many ways. Some serve as volunteers, some as foster parents or adoptive parents, some as staff. Some are involved when problems arise in their families. Some may have been involved as children. It would be helpful to know about experiences any of us have had with child welfare service systems.

2. Ask for a volunteer to describe his or her experience in working with a child welfare agency. Briefly process the participant's experiences with the agency, attempting to make points about both benefits and problems that are likely to result.

Sometimes adults tell us they were hurt as children, but no one intervened – and it turns out that they grew up before there were reporting laws.

3. Prepare the group for the transition to the break and to Part IV.

We have covered a great deal of information, and given important issues serious thought. We will take a short break, and then think about what involvement with the child welfare service system would mean to us.

4. Take a break here or after Part IV, Section 1.

Part IV: Making Decisions



01:15 Total

Purpose: To describe the process by which child welfare agencies make decisions. To explore the meaning of concurrent planning and requirements of the Adoption and Safe Families Act. To describe effects of involvement with the child welfare system on participants. To assist participants in planning their involvement with the child welfare system.

A. How Decisions are Made

1. Explain the topic of decision making.

To understand what child welfare service agencies do, it might help to boil it down to four main tasks:

- *Gather information/Assess*
- *Make decisions*
- *Develop a plan, based on the information and decisions*
- *Provide services to fulfill the plan.*

This process gets repeated while the agency is involved with a family – the repetition is called a “review,” and usually happens at set times frames, when everyone involved with the family, including the family members, gets together and discusses how things are going. Let’s spend a few minutes thinking about each of these tasks.

2. Draw attention to the easel pad sheets headed “Gather Information,” “Make Decisions,” “Develop a Plan,” “Provide Services.” Invite participant responses, and record them on the easel pad. Make sure the points below are included.

First, suppose a child welfare agency receives a report that a child has been injured by a parent. The first thing the child welfare agency has to do is gather information as part of an investigation to determine if the report is true. Let’s brainstorm: What information do you think is important to gather?



- Nature of the injury
 - Age of the children
 - Names and ages of all family members
 - Investigator must see the children
 - Descriptions of how the injury happened
 - Response of parents to the injury
3. Ask if participants think this is enough information on which to determine whether the report is accurate – that the child does need protection. If not, ask what is missing, record responses, and cover the points below.

If an investigation determines that there is reason for concern, the agency will need to determine if the child is safe at home. What do you think the agency needs to find out at this point?

- Previous incidents or reports of abuse or neglect
 - Parents' beliefs about child rearing and discipline
 - Physical or financial needs
 - Assessment of mental status
 - Physical or mental health issues
 - Connections to other family members, friends, community
 - How parents feel about their children
 - Existence of issues related to substance abuse, domestic violence, criminal behavior
 - How family members relate to each other
4. Ask if participants think this is enough information to decide if the children will be safe in this home. If not, ask what other information is needed. Record responses on the easel pad. Summarize.

You've created a very comprehensive list of information to be gathered at the beginning of a family's involvement with a child welfare agency. What are factors which might be discovered in the process which would pose a danger to children?



5. Record responses on the easel pad sheet headed "Make a Decision." Facilitate a brief discussion about what dynamics or factors in a family would indicate danger to children. Ensure the following are included:

- A pattern, over a period of time, of injury to the same children, or to others in the home, whether due to deliberate action by the parent or inaction/neglect.
- Parents' expression of anger toward or dislike of the children.
- Threats of harm or violence toward the children, or toward other family members.
- Evidence of substance abuse, domestic violence, or mental illness which seriously impairs parental ability to protect the children.

What happens if this information reveals that the children will not be safe at home?

6. Facilitate a discussion that reflects earlier discussions of children's need for safety, and the kinship family's role in providing safety. Record responses on an easel pad page headed "Develop a Plan for Services." Ensure the following points are included.

When children need to be removed from their home in order to be safe, the second principle of child welfare services immediately becomes very important – permanence. In order to ensure permanence, the child welfare agency develops a service plan, which specifies the action everyone involved will take in order to make the home safe for the children. What actions do you think might be included in a service plan.

- Plan for contact between parents and children, if children will be safe
- Plan for contact with other family members, as appropriate
- Assessments of children's physical, mental, and emotional needs
- Self-help or support groups
- Parenting class, if appropriate
- Treatment services for children
- Services for parents, such as substance abuse treatment, domestic violence services
- Plan for review

Once this plan has been agreed to, the child welfare agency serves as central coordinator, making referrals, arranging visits, meeting with those involved. Good teamwork means everyone talks to each other frequently, but even with regular contact it is important to schedule formal reviews where everyone can say how they think the plan is working.

One important part of the plan is the issue of concurrent planning. Has anyone heard that term?

Put simply, concurrent planning means that the team working together knows there are several possibilities for permanence for the children: returning home, adoption, a permanent guardianship arrangement, or planned, permanent placement with a family member. And everyone is always mindful about how decisions affect each of these possibilities – so that at the same time the team works to help the parents resume care of the children, they are thinking about possibilities other than returning the children home – they are making two plans at the same time. If it turns out that the parents cannot resume care of their children within the time allowed, the agency will be able to move ahead with an alternative permanent plan without delay. One alternative plan, of course, is placement, or continued placement with a kinship family.

Let's talk about what all this means.

B. Involvement with the Child Welfare System

1. Explain that participants will now think about how the kinship family is involved in, or affected by, this system. Direct participants to look at **Resource 7: Moving Through the Child Welfare Service System.**

Let's think about when and how you might be involved in the child welfare service system. Some of you have told us already of your experiences, and you may be able to tell us more about what the experience was like.

Look at Resource 7, Moving Through the Child Welfare Service System, page one. Under what circumstances would a kinship family be involved in the child welfare system at the point when a report is made?

2. Record responses on an easel pad page headed "Report and Investigation," and ensure the following are included:

- Family members may make reports, when concerned about the welfare of the children



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- Family members may be interviewed as part of the investigation
3. Facilitate a brief discussion about what that experience might be like. Then move to the assessment.

Again, looking at Resource 7, how might a kinship family be involved in an assessment of the risk to the children at home?

4. Record responses on an easel pad page headed "Assessment." Ensure the following are included:
 - Family members may be asked what they know about the parents' care of the children
 - Family members may be asked what they know about any past injury or harm to the children
 - Family members may be asked about concerns, such as domestic violence and substance abuse
 - Family members may be asked about their willingness to help, and their knowledge of others who may support the family
5. Facilitate a brief discussion about what this experience might be like. Then move to the issue of risk to the children.



Now, if the assessment (or the investigation) finds that children are not safe at home, how might a kinship family be involved in the plan to place the children in out-of-home care?

6. Record responses on an easel pad page, under the heading "Children At Risk," and ensure the following are included:
 - Kinship family may volunteer or be asked to provide care for the children
 - Kinship family may volunteer or be asked to be a visiting home for the children
 - Kinship family may not be asked, but might seek to become the children's caregivers
7. Facilitate a brief discussion about what this experience might be like. Then move to the issue of permanent plan.

We've discussed the agency's responsibility for permanence. If the child has not been able to be returned to the parents within

a few months, what might you and the agency want to consider?

Now, suppose the child has been living with you as a kinship family for 15 out of the past 22 months. The law would require that a permanent plan be put into place, but allows that the permanent plan could be one that keeps the child with you. What sort of issues would you have to deal with?

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8. Record responses on an easel pad page headed "Permanent Plan," and ensure the following are included:

- How will this affect the relationship in the family?
- Will we need to seek guardianship or adopt the child?
- Can we afford to provide for the child on a permanent basis?
- Issues to be resolved about the child's continuing relationship with parents
- Issues to be resolved about ongoing financial support of the child

9. Facilitate a brief discussion. Then raise the question of families in which relatives are caring for children, but who have not been involved with the child welfare service system.

Now, some here may be in a different situation, and that is caring for a relative's children, but with no involvement in the child welfare system. What would it mean to that family to become involved in the child welfare service system.

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10. Record responses on an easel pad headed "Becoming Involved in the Child Welfare Service System." Ensure the following are included:

- Issues raised with the child's parents about effects of involvement in the child welfare system: requirements, provisions, and limitations may be imposed, such as need for a permanent plan.
- Availability of safeguards for child's safety, permanence, and well-being; possibility of additional resources made available.
- Possible requirement that kinship family be certified or licensed.

11. Facilitate a brief discussion. Then ask the group to consider the licensing or certification process.



12. Ask the group to turn their attention to **Resource 8 and Transparency C: Moving Through Licensure/Certification**

If that family wants to become a foster family, certified by the child welfare agency, what would that mean? Let's look at Resource 8, and think about what that process entails.

An important thing to know is that the Adoption and Safe Families Act, which we talked about earlier, has some specific provisions about approving kinship families as foster families. If a state plans to use certain Federal funds to support a kinship placement, they are required to use essentially the same process to approve the kinship family as they would for anyone else who applies to be a foster parent. Although there are some variations, this means that an assessment will be conducted, which includes meetings with the family. The agency will request references, medical history, and a check of criminal records.

Here, a representative of state child welfare agency describes requirements. If a representative is not available, obtain information about requirements and assessment process and present it.

13. Facilitate a discussion about the advantages and disadvantages of involvement in the child welfare service system. Ensure that issues of children's safety, permanence, and well-being are consistently part of the discussion. Encourage participants to think about whether involvement in the child welfare service system will enhance their ability to provide for children's safety, permanence, and well-being.

Let's think first about the pros – what would be the advantages of becoming involved with the child welfare system?

14. Report responses on an easel pad page headed "Becoming Involved with the Child Welfare System – Pros and Cons." Facilitate a brief discussion. Repeat the process for the disadvantages.

C. Caring in Action

1. Ask participants to turn to **Resource 9: Caring in Action: Safety, Permanence and Well-being**. Explain that we will spend a few minutes discussing this blueprint in small groups. Then each person will have a few minutes to write out a plan and discuss it with the group.

At the beginning of today's session, we talked about how we ensure safety, permanence, and well-being for our families,



and the children we care for. Now we need to take that information, and the other information we have discussed today, and put it into a plan. Look at Resource 9: Caring in Action: Safety, Permanence, and Well-Being, and the Caregiver Checklist that accompanies it. Take a few minutes to think about this and to complete your action plan.

2. Allow about 10 minutes for completion of the plan. Then facilitate a discussion, asking several volunteers to describe their plan, or questions they have about their plan.
3. Provide information on how to contact the local/state child welfare agency.

Part V: Closing Remarks



00:15 Total

Purpose: To end the session on a positive, affirming note.

A. Celebration of Caring

1. Direct participants to **Resource 10: Celebration of Caring**. Read the vignette on the resource aloud, or ask a participant (who has agreed ahead of time) to read it. Invite any comments about the story.

B. End of Session

1. Remind participants of the date, time and topic of the next session.
2. Remind participants to bring their Carebooks back to the next session.
3. End the session.

Thank you for coming together and discussing this complicated issue: understanding the child welfare service system. Each of you is making a difference in the life a child, or children, and each of you achieves that in a different way. Some of you may decide that by working with the child welfare service system, you can enhance the safety, permanence, and well-being of the children in your care. Some of you may decide that just now that is not the path for you. In either case, you are making this decision based on information and thoughtful consideration of the needs of the children, and of the help you need. We look forward to seeing you at our next session.





Meeting Three: Supporting Healthy Development and Managing Loss

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A Tradition of Caring

*Supporting
Healthy
Development and
Managing Loss*

Supporting Healthy Development and Managing Loss

Agenda

Part I: Welcome and Caring in Action Discussion

- A. Welcome and Review of Outcomes, Session Goals, and Session Objectives
- B. Caring in Action Follow-Up

Part II: Telling Our Story

- A. Rewriting the Book on Child Development

Part III: Overview of Human Development

- A. Typical Child and Youth Development
- B. Developmental Jigsaw Puzzles

Part IV: Loss and Grieving

- A. Separation, Loss, and Grief
- B. Loss History Chart

Part V: Caring in Action: Identifying and Linking Circles of Support

- A. Action Planning

Part VI: The Important Role of Teamwork

- A. Working Together to Address Developmental Issues and Manage Loss

Part VII: Closing Remarks

- A. Celebration of Caring
- B. End the Session

LEGEND	 = Carebook Resource	 = Trainer's Note	 = Easel/ Easel Pad	 = Individual Activity
 = Transparency Used	 = Important to the Child Welfare process	 = Time Length	 = Group Activity	
Italics = Facilitator's speech				

Resources, Transparencies, and Materials

Resources

- Resource 1: Meeting Goals and Objectives
- Resource 2: Agenda
- Resource 3: Summary of Stages of Growth and Development
- Resource 4: Rewriting the Book on Child Development
- Resource 5: Jigsaw Puzzle for Ruthie
- Resource 6: Jigsaw Puzzles for My Child
- Resource 7: The Pathway Through the Grieving Process
- Resource 8: Understanding and Helping Children With the Impact of Separation and Loss
- Resource 9: Loss History Chart
- Resource 10: Shonda's Loss History Chart
- Resource 11: Caring in Action: Identifying and Linking Circles of Support
- Resource 12: Celebration of Caring

Transparencies

- Transparency A - C: Three Categories of Development
- Transparency D: How Attachment Develops
- Transparency E: Jigsaw Puzzles for Ruthie
- Transparency F: Ruthie: The Whole Picture
- Transparency G: The Pathway Through the Grieving Process
- Transparency H: Factors That Influence How Loss is Experienced

Materials

Easel and easel pad

Markers

Overhead projector and screen or LCD projector and screen

Refreshments

Part I: Welcome and Caring in Action Discussion



00:15 Total

Purpose: To review the outcomes, goals, and objectives of this session, and to share experiences, successes, questions, and concerns related to Caring in Action plans.

A. Welcome and Review of Outcomes, Session Goals, and Session Objectives

1. Welcome participants.

Welcome! It's good to see you back. We know what busy people you all are. The fact that you are here says a great deal about your commitment to your families and the children in your care.

Please place your name tents in front of you. If you need to make another one, you'll find paper and markers on your tables.

2. Discuss the title of this meeting, and connect it to the Kinship Care Outcomes.

We call this meeting "Supporting Healthy Development and Managing Loss." I'm sure you'll agree that these are two areas that are fundamental for kinship families. We'll be discussing your role in meeting the developmental needs of the children in your homes, and in helping them and other family members deal with the losses they have experienced. As you recall, one of the five Kinship Care Outcomes is that "Children will have their developmental needs met and developmental delays addressed."

In this meeting, we'll be focusing on the things all humans need for healthy development. We'll also discuss the importance of attachment, how loss affects development, and how we can help our loved ones meet their developmental needs by managing loss. As you well know, meeting the developmental needs of children and youth who have experienced serious losses is challenging. This is an opportunity for you to think about how loss has affected your own families, and to receive support in creating a plan for dealing with any needs you might identify during this session.



3. Direct attention to **Resource 1: Meeting Goals and Objectives.**

Proposed goals for this meeting, along with specific objectives for meeting these goals, are listed on this resource. Take a minute to read over what we've listed.

Do any of you have comments, questions, or suggestions?



4. Direct attention to **Resource 2: Agenda.**

As always, this meeting will combine information, sharing, and support. We'll begin with an exercise that helps us recognize some of the special developmental issues associated with kinship care. This activity will also highlight the fact that each of you brings a wealth of knowledge and expertise in the area of human development as translated through the kinship experience.

We'll discuss the various types of losses, and how different individuals respond to losses. We will review what we know about how all people grieve, children in particular. You'll look at your role as a loss manager, especially for the children in your care.

You'll have the opportunity to apply information we discuss to your own family situations, to share your successes in meeting developmental needs and serving as loss managers, and to identify needs and resources to meet those needs.

We'll examine the role of the child welfare agency in supporting you and your family in addressing developmental issues and managing loss, and will address any questions you might have regarding assessment, licensure, or certification.

Finally, we'll end the session by celebrating kinship care with a real life Celebration of Caring story.

Are we ready to begin?



B. Caring in Action Follow-Up

1. Introduce the activity.

At our last session, each of you worked on an action plan to address specific needs you identified for your family in relation to kinship care. Let's spend a few minutes talking about your experiences in carrying out your action plans. Did any of you

have successes you'd like to share? Frustrations? Tips for others?

2. Facilitate a group discussion regarding experiences in implementing Caring in Action plans. Sharing should be voluntary. Strive to keep the discussion as positive as possible, focusing on successes and generating suggestions for addressing frustrations or challenges experienced by group members.
3. Move to Part II of the session.

Part II: Telling Our Story



00:35 Total

Purpose: To focus attention on the fact that children and youth in kinship care may not follow typical developmental patterns in some areas. To acknowledge existing skills, experiences, and expertise of group participants in promoting healthy development of children and youth in their care and supporting them in managing the losses they have experienced.

A. Rewriting the Book on Child Development

1. Introduce the activity.

Think back to your very first parenting experience. For many of us, that was years ago when we were young parents of newborns. How many of you either bought or were given a baby book that told you when your baby should cut teeth, sit up, crawl, walk, and talk?

How many of you asked for advice about your children's development from your own mother, or from relatives or friends who already had children? What kinds of things did you want to know?

2. Elicit responses from several participants, and continue the discussion.

When you were out, did you take note of what other children were doing in comparison to your own? Did you feel a little smug when you realized your baby was ahead in an area? Did you worry when you noticed that your children seemed to be a little behind in doing something?

Now, think about the children you nurture as kinship caregivers. Think about the circumstances that led the children to you as a primary caregiver. Does what you read in those baby books or what you've learned from experience about how kids typically develop mirror what you know about this child's development? In many ways, it probably does, but in other ways, there may be some differences. What are some reasons that children and youth in kinship care might not fit some of the typical developmental patterns?

3. Encourage responses from participants. Ensure that several of the following factors are noted:

- Had to "grow up too fast"
- Not had consistent parenting
- Been affected by drugs or alcohol
- Experienced many significant losses

The activity we're about to begin is called "Rewriting the Book on Child Development." It's designed to help us focus on the vast body of knowledge contained in this room. In many respects, you're the true experts on human development as it applies to kinship families. Much of the benefit of this meeting will come from recognizing what you already know, and from sharing your insights and expertise with other group members.



4. Introduce a small group activity by directing attention to **Resource 3: Summary of Stages of Growth and Development** and **Resource 4: Rewriting the Book on Child Development**.

Please turn in your resource materials to Resource 3: Summary of Stages of Growth and Development and Resource 4: Rewriting the Book on Child Development. As you can see, Resource 3 lists some things the experts tell us about typical developmental patterns of children and youth. Resource 4 asks you to address some issues from the perspective of kinship care developmental experts. We're going to divide into four smaller groups for this activity, so that we can cover all of the age groups within our time allotment.

5. Divide the group into smaller work groups. Unless the group is very large, four groups are recommended. Assign each group an age range, as depicted on Resource 3. The following age ranges are suggested:
- Group 1: Birth to 24 months of age
 - Group 2: 24 months to 4 years
 - Group 3: 4 years to 12 years
 - Group 4: 12 years to 18 years



6. Instruct the work groups to discuss the questions listed and complete **Resource 4: Rewriting The Book on Child Development** for the age range assigned.



Each group will need to decide on someone who will be responsible for filling in the questions on Resource 4. Take about 15 minutes to discuss the questions and complete the worksheet as a group, based on your experiences as kinship caregivers. I'll let you know when time is about half over.

Are we ready to begin?

7. Allow approximately 15 minutes for the work groups to discuss the questions and complete their worksheets. Inform the group when time is approximately half over.
8. Facilitate a brief large-group discussion lasting no more than 10 minutes.

Let's talk for a few minutes about some of the issues you've been discussing in your work groups. "Telling Our Stories" helps us remember how much we already know as well as providing a new perspective for others in the group.

9. Beginning with work group 1, ask each group to identify their assigned age group and share one response to each of the three statements on Resource 4. The object of this activity is to reinforce participants' existing experiences and skills in understanding and managing developmental issues for children in their care. Stimulate discussion as the activity is discussed by asking questions similar to the following:

- *How many of you have had personal experiences with children who have developmental problems or delays?*
- *Do you find that child development is different in some ways for your kinship children than it was for your own biological children? In what ways?*
- *Is it sometimes hard for others, such as teachers or friends, to understand children's behaviors or attitudes because they don't know the circumstances that led the children to behave in this way?*

10. Conclude the discussion and transition into the overview of human development.

Thanks for your participation. The wealth of information here in this group is truly impressive. This has been a good discussion, and it leads us into the next part of our meeting. We'll be talking more about human development, and about the developmental needs of children and youths in kinship families.

Part III: Overview of Human Development



00:40 Total

Purpose: To describe the dimensions of human development and the significance of attachment as a foundation for healthy development. To compare typical developmental patterns of children and youth to those commonly associated with children and youth in kinship care.

A. Typical Child and Youth Development

1. Introduce the topic of typical child and youth development.

Let's begin by talking briefly about how humans generally develop. We often hear or use the term "normal development" when referring to a developmental pattern that seems to be generally on target. However, we'll be using the term "typical" rather than "normal" in describing developmental patterns that one would expect in most children and youth. This is because many children in kinship care may not fit into the typical patterns of development in some areas. Although these patterns may not be typical for the majority of children and youth, they are not necessarily abnormal for others.

It's important to review what we know about human development in general in order to be sure that we are aware of any special developmental needs or concerns for the children in our care.

2. Ask for examples of developmental milestones or stages of development for children and youth. Use the easel pad to record responses. No more than three or four examples are needed. Be prepared to offer examples of developmental stages if necessary.

What are some examples of typical developmental stages or milestones that we expect children and youth to experience?

- Smiling
- Crawling
- Walking



- Primary school age
 - Puberty
 - Adolescence
3. For each stage named, ask for a general age at which that stage might be typically experienced.

These are good examples of typical developmental stages. Let's start with the first one on the list, and decide the approximate age or age range that it's typically associated with.

4. Use responses given by the group. Technical accuracy is less important here than the process of associating developmental stages with approximate ages. For the examples listed above, age ranges will resemble the following:

- Smiling 0-3 months
- Crawling 6-9 months
- Walking 9-14 months
- Latency 6-9 years
- Puberty 11-13 years
- Adolescence 13-19 years

5. Discuss the concept of developmental stages.

We know that human development proceeds in stages, and that successful completion of one stage is important for the next one. Before a baby can crawl, he has to be able to sit up. Before a seven year old can do subtraction, she must first learn to count. All stages of development are important and necessary.



6. Briefly review **Resource 3: Summary of Stages of Growth and Development.**

Please turn again in your Carebook to Resource 3: Summary of Stages of Growth and Development. As you know from our previous activity, this chart lists the typical stages of child and youth development, and the age ranges generally associated with each stage. We won't be spending much time on this resource during this meeting, but it's something you might find

helpful to refer to in the future. Take a minute to look over this chart.

7. Discuss developmental categories.

Human development is a big subject. Dividing it into general categories helps make it simpler to think about.



8. Display **Transparencies A - C: Three Categories of Development**. Make a brief presentation, covering the following points:

Developmental stages are numerous, and can best be understood by grouping them into categories. This can be done in several ways. For our discussion, we are identifying three general categories of development: physical, social/emotional, and intellectual.

Physical: Includes size and ability to perform physical activities such as grasping, sitting, walking, jumping rope, or drawing. It also includes control of body functions such as toilet training or sexual development.

Social/Emotional: Includes recognizing and learning to manage feelings, relating our feelings to those of others, and interacting with other people.

Intellectual: Includes learning to read and write, ability to think and learn, using language, and mentally processing what we see and hear.

9. Introduce the influence of family, environment, and attachment on human development.

Everyone here knows a lot about human development. Most of you are experienced parents, and now you care for other children in your family. Now that we've looked at typical stages and ages of development, let's talk about some key influences on healthy development, including family, environment, and attachment.

Think about a newborn baby. Let's make a list of some things all babies need to grow into healthy children. I'll start the list with food.

10. Brainstorm a list of needs. Note responses on the easel pad. Ensure that the list includes examples from all three categories of development: physical, social/emotional, and intellectual.

- Food
- Love
- Stimulation
- Shelter
- Attention
- Nurturing
- Physical Touch
- Protection

11. Discuss the importance of attachment as an essential human need.

Good. Look at the list we've just created. We know babies can't survive without nourishment, or without protection from the cold or heat. But it's obvious that children need more than food, clothing, and shelter for healthy development. They require loving care and attention to develop into healthy adults. We call these nurturing relationships "attachments." Attachments are essential for human well-being.

You may have heard or read about research in orphanages and institutions showing that infants who have all their physical needs met, but who don't have significant contact with other human beings get sick or even die. Children who don't form significant attachments, or who experience serious losses or interruptions in those attachments may not follow the typical course of development.



12. Display **Transparency D: How Attachment Develops**. Discuss attachment, using the diagram.

This illustrates how human beings develop attachments. What are some examples of needs or discomforts a baby might experience?

13. Elicit several examples from participants, which could include:

- Hunger
- Having a wet diaper
- Wanting to be held

- Being too cold

14. Continue to discuss the attachment process, using the diagram.

Let's use hunger as an example. A baby feels hungry, and expresses the need to receive nourishment by crying. Mom or Dad responds by picking the baby up, comforting and feeding her. The child feels full and comfortable. She relaxes and settles off to sleep. The baby is content until the next need is felt, for example, when she needs her diaper changed. As each need is expressed and met, babies develop a sense of trust and attachment to the people meeting those needs.

This cycle of experiencing a need, expressing the need, and having the need met continues throughout our lives. Each time the cycle occurs and a need is met, we feel attachment to the individual who helps us meet our need. When someone repeatedly helps us meet our needs, we come to trust that he or she will continue to care for us and meet our needs. There's no limit to the number of attachments a person can form in a lifetime. Typically, children's first attachments are to their primary caregivers, most often parents.

15. Discuss the effect on attachment when children do not have their needs met.

Let's talk about what happens when children express a need, but the need does not get met.

Think about a two-year-old who wants juice. The toddler goes to her mother and says "juice," but she doesn't get the juice. In fact, her mother ignores the request. What might the child do next?

16. Allow several group members to volunteer responses, which might include:

- Asking louder
- Crying
- Tantruming

You're right. When the child's needs go unmet, he or she will find more dramatic ways to express that need. The request becomes a demand, the demand turns into crying, the crying gets louder, the loud crying turns into screaming, the screaming turns into a tantrum, the tantrum might turn into destructive behavior. In other words, the cycle goes back and

forth between steps one and two on the diagram. The child never reaches steps three and four.

What are some behaviors we might see in a child or youth that has repeatedly expressed needs and had those needs go unmet?

17. Encourage responses from the group such as:

- Become increasingly more demanding
- Become physically aggressive
- Learn to get his or her own needs met
- Become angry and hostile toward others
- Become withdrawn and depressed
- Stop expressing his or her needs

Right. Behaviors we sometimes label as "problem behaviors" or "inappropriate behaviors" are sometimes a child's or youth's way of expressing a need that has never been met. A withdrawn or depressed child or youth may have learned that adults aren't to be trusted, and begin to feel that no one will meet his or her needs. Children often feel that they are to blame when the important adults in their lives do not respond to their needs or respond in a negative way when needs are made known.

18. Address genetics and environment as other factors in human development.

Attachment is an important factor in child development. We know that children must be attached to people who will nurture them and help them get their needs met in order to develop in a healthy way. Let's continue with a couple of other basic developmental concepts.

Children inherit genetic makeup from their parents that make them unique human beings. But children's development is not just a product of genetics. Environment also comes into play.

Think about two acorns that fall from the same tree. Each contains all that's needed to grow into an oak tree. Yet one might blow in the wind, land on shallow ground, and struggle to grow while the other might land in fertile soil, receive just the right amount of rain and sunshine, and flourish into a beautiful, healthy tree. Just like acorns, children come into the

world with what is necessary to grow into an adult human being. Yet, like acorns, children are shaped by the world around them. Human development is a combination of both genetic and environmental factors.

Human development is also affected by ethnic and cultural identity, education, economic factors, and life experiences. For example, different opportunities might be available to individuals because of race, appearance, or social status.

There is a broad range in the way humans develop. Children develop at a different pace. For example, some children start to walk at eight months of age, while others don't begin walking until they are over a year old. Though a wide range of development is to be expected, significant delays or gaps in development can indicate a problem. By being aware of typical developmental milestones and stages of children and youth development, kinship caregivers can help meet many special developmental needs of the children in their care.

19. Introduce the concept of a developmental jigsaw puzzle as a way of examining various areas of development.

We all make assumptions about how a person should act or function based on their age. For example, we expect toddlers in the "Terrible Twos" to tantrum and answer NO! to any question. We assume that a 13 year old will begin to rebel and assert independence. But our experiences as kinship caregivers have taught us that age is just one of many factors in human development. In fact, age alone might not give a very accurate indication of what to expect from children. Many children and youth in kinship care have experienced circumstances or problems that could result in developmental delays or accelerated development in one or more areas. It is important that we have realistic expectations about the children in our families, and are able to help them meet their developmental needs. The next activity will help us focus on all the pieces of the "developmental puzzle" for the children in your home.

20. Direct attention to **Resource 5: Jigsaw Puzzle for Ruthie**. Display **Transparency E: Jigsaw Puzzle for Ruthie, Age 8**. Read part one of the following narrative, and point to each developmental puzzle piece as you read about it.

This is Ruthie. Let's imagine first that Ruthie is a typical, average eight year old.



First, we would say that Ruthie is chronologically eight years of age.

In physical appearance, some people might guess that Ruthie is nine, and others might say she looks like she's seven, but generally, Ruthie looks like a typical eight year old.

Regarding intellectual age, some children are born gifted, and others are born with limitations. But if Ruthie is a typical eight year old, she processes information like an eight year old.

As to school age, although some children skip a grade and others are held back, most eight year olds are in the third grade.

Emotionally, some eight year olds can act four and some can act 40. But a typical eight year old is emotionally at an eight year old level.

Regarding social age, most eight year olds like to do a lot of activities. They generally enjoy doing things with other children their own age, and generally their own sex. If Ruthie is a typical eight year old, this is true for her.

As to culture, ethnicity, and religion, most eight year olds share the same culture, ethnicity, and religion as their parents. Regarding life experiences, most eight year olds have spent eight years involved in experiences and activities that were appropriate for their stages of development. Since we're imagining that Ruthie is a typical, average eight year old, she is culturally eight, and her life experiences reflect those of a typical eight year old.

In summary, for Ruthie as we are imagining her thus far, all the developmental pieces fit together. When we look at this developmental jigsaw puzzle for Ruthie, all the pieces are labeled "eight years old."

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21. Continue the activity by considering Ruthie as a child in kinship care who has had some difficult experiences and whose development has been affected. Display **Transparency F: Ruthie: The Whole Picture**, and refer to it as the presentation continues.

Now, let's consider the real Ruthie. Continue to look at Resource 5: Jigsaw Puzzles for Ruthie, as we consider all the developmental pieces. Ruthie is chronologically eight years of age. She was born to a teenaged mother who smoked cigarettes and used drugs recreationally throughout her

pregnancy. Although Ruthie's mother loved her very much, she had difficulty caring for her. Ruthie was often left with her mother's friends, sometimes for several days at a time. When she was five years old, it was discovered that her mother's boyfriend was sexually abusing Ruthie. The child welfare agency got involved after Ruthie's mother took her to the health department for an examination and Ruthie was diagnosed with a venereal disease. Ruthie's mother asked Ruthie's grandmother to care for Ruthie until she could "get her life back together". Ruthie has lived with her grandmother since she was five years of age.

First, we know that chronologically Ruthie is eight years old.

Regarding Ruthie's physical appearance, she looks pretty much like a typical eight year old.

As to intellectual age, Ruthie has been tested, and is above average intellectually. We can place her at age nine in this category.

Regarding school age, she is a year behind because she repeated kindergarten due to missing so much school when she was age five. So, Ruthie's school age is seven.

Because of circumstances in her past, Ruthie does not trust many adults, and doesn't get along well with other children. She is very withdrawn much of the time, and rarely asks for what she wants or needs. With other children, Ruthie can be verbally and physically aggressive. Emotionally, Ruthie is still functioning like a toddler. We'll put her emotional age at two years.

Ruthie's culture and ethnicity is that of her mother's and grandmother's. We might assume that there are no developmental issues in this area.

Regarding life experiences, Ruthie has seen and experienced more than many youth or even adults. She has been neglected and sexually abused. She has seen drug use, and seen and heard sexual activity and physical violence between her mother and her mother's boyfriends. We could say that Ruthie has the life experiences of an eighteen year old.

As you can see, knowing that Ruthie is eight years old really doesn't give us the full picture. Looking at the developmental puzzle we've just put together, what are some developmental

issues do you think Ruthie's grandmother might be dealing with?

22. Elicit responses from the group, ensuring that the following are covered:

- *Ruthie is intellectually advanced and academically behind. Are her educational needs being met? Is she being challenged and supported academically? Is it possible for her to be brought up to grade level?*
- *Could Ruthie benefit from therapy to address her emotional delays?*
- *Ruthie's grandmother will need to make extra efforts to protect and nurture her since this did not happen sufficiently when she was younger.*

23. Summarize the activity and transition into application of these concepts to participants' individual situations.

We know that for most children, age is just a small piece of the developmental puzzle. This is especially true for children in kinship care. Because of broken attachments, multiple moves, neglect or abuse, or exposure to drugs or violence, many of these children and youth have special developmental needs. In order to help meet the developmental needs of the children in our care, we need to be able to put the developmental pieces together. We're now going to create developmental puzzles that represent children in your homes.

B. Developmental Jigsaw Puzzles

1. Introduce the activity.

We spent time as a group putting together the developmental jigsaw puzzle for Ruthie. Now each of you will have an opportunity to apply the concepts we've been discussing to your own situations – the children in your homes through kinship care.

2. Direct attention to **Resource 6: Jigsaw Puzzle for My Child**, and offer instructions regarding the exercise.

Please look at Resource 6: Jigsaw Puzzle for My Child. As you see, the top portion of Resource 6 contains a blank puzzle like the one we've been using for Ruthie. In a couple of minutes, I'd like for each of you to fill this out based on what you know about the children in your care. Beginning at the bottom half of the page is a worksheet. This worksheet will assist you in identifying developmental issues or concerns. After completing



the developmental jigsaw puzzle for your children, complete the three grids on Resource 6. If you're the kinship caregiver of more than one youth or child, choose one you have the most concerns about regarding developmental issues. If you do have more than one child, you'll want to do this exercise later at home for the other children. You'll have about 10 minutes to complete this part of the activity, so you'll need to work as quickly as possible. I'll let you know when time is about half up. Do you have any questions?

3. After 10 minutes, ask participants to stop working. Conduct a brief large group discussion regarding the developmental jigsaw puzzle activity. Sharing should be voluntary. Questions that might be asked include:

Did any of you learn anything from this activity, or have any insights that you'd like to share?

Did this activity help you identify any developmental areas of concern for the children in your care?

4. Tell participants that they will be using this information again at the end of the session in developing Caring in Action plans. Move to the next portion of the session.

Part IV: Loss and Grieving



00:35 Total

Purpose: To identify losses frequently associated with kinship care, describe the typical pathway through the grieving process, and explain how children and youth in kinship care often experience the grief process in ways that appear atypical.

A. Separation, Loss, and Grief

1. Introduce the topic of separation, loss, and grieving, and set the tone for the discussion.

We're moving from our discussion on human development to one on loss and grieving. We'll be using the term "loss managers" for those of you who are responsible for helping your family members deal with their losses. People generally find this part of the meeting to be helpful and supportive; however, you won't be expected to share any personal information you feel uncomfortable discussing. We'll include some general information about the kinds of losses people experience, and how they grieve those losses. We'll also focus on how the experience of loss and grief might look different for those involved in kinship care.

Admittedly, these are not happy topics, and thinking about them can be emotional. Yet kinship caregivers everywhere say it's something they need.

2. Establish the connection between kinship care and loss. Elicit responses from participants. Summarize by ensuring that the following points are made.

What does loss and grief have to do with kinship care?

Loss and grieving are part of the human experience, and a commonality we all share. However, loss is an ongoing aspect of kinship care. The need for children to live in a kinship home signifies that significant loss has occurred.

All members of the kinship family experience loss as a result of the circumstances necessitating the kinship arrangement. Kinship caregivers need help in responding to the needs that the loss experience creates.

A child's or youth's experience of loss is different from that of an adult, and children grieve differently as well. To be able to meet the needs of the children and youth in our care, we must first understand the loss experience from the children's perspective.

3. Make the connection between child and youth development and loss. Encourage participants to respond to the following questions, then summarize, ensuring that several points are made:

How does our discussion on child and youth development relate to loss and grief? Why do you think we've combined these topics in one meeting?

Loss has a significant impact on development. When serious losses occur, development can be delayed.

Children and youth in kinship care often have developmental problems or delays due to the losses they have experienced.

To help children meet their developmental needs, kinship caregivers need to understand how those children experience loss.

You've made good comments. While human development and loss are certainly separate topics, they are closely connected. It's difficult to address one without the other.

4. Introduce the concept of loss, and discuss expected and unexpected losses.

All of us experience loss as a part of life. Some losses are expected, and some are unexpected. What are some examples of losses we would expect to experience as part of life?

5. Divide an easel page in half vertically. Label the left half of the page "Expected Losses" and the right side "Unexpected Losses." Note responses on the easel beginning with expected losses. Responses might include:

- Children leaving home to attend college or live independently
- Parents aging and dying
- Losing contact with childhood friends
- Pets dying
- Moving from one city to another



- Changing jobs

When expected losses happen, we feel sad, even though we know they will happen. In some cases, we may also be relieved. Some people wish their older children would leave home. Others wish their elderly and suffering parent would not have to endure such pain. So, expected losses often produce mixed reactions.

Other losses are not part of the normal life cycle. We'll call these unexpected losses. What are some examples of unexpected losses?

6. List responses on the right side of the easel page under the "Unexpected Losses" heading. Examples might include:

- Divorce
- Bankruptcy
- Physical disability
- Death of a child
- Being fired or laid off from a job
- Loss of possessions due to fire or flood

Both expected and unexpected losses are part of life. What's different is how these losses are handled. Some people can cope with expected losses only. Others seem to be able to manage even catastrophic unexpected losses. Some of us have trouble dealing with any kind of losses—even those that may seem minor to others. Others discover that experiencing loss, either expected or unexpected, actually makes them stronger.

7. Discuss types of losses.

Besides thinking of losses as expected and unexpected, we also need to consider that there are several types of losses people experience. Three of these categories that are often part of the kinship experience are loss of loved ones, loss of self-esteem, and loss of health or well-being. As we just demonstrated, serious losses don't always involve deaths. Thinking of your own kinship experiences, what are some examples of losses of loved ones?

8. Note responses on the easel page. Examples might include:

- Siblings being separated and living apart
- Abandonment of a child by a parent
- Kinship caregivers being alienated from other family members
- Incarceration of a parent
- Loss of an adult child to drug or alcohol addiction

Loss of self-esteem is when we feel shamed or hurt emotionally. This is the most common type of loss. How might various members of kinship families experience loss of self-esteem?

9. Note responses on the easel page. Examples might include:

- A parent having children removed from her care and placed with relatives
- A child being abandoned by a parent and feeling that it is his fault
- A kinship caregiver feeling that her family is abnormal or unhealthy
- A caregiver feeling hurt or inadequate because a child directs anger and resentment toward him or her
- A parent being unable to provide care for his or her children
- A kinship caregiver feeling ashamed or responsible for an adult child's addiction to drugs or alcohol

Then, there is loss of health or well-being. This could include loss of health due to physical or mental illness, or it could be a more subtle sense of imbalance or distress that we'll call loss of well-being. For example, kinship caregivers often find that life changes dramatically. Retirement savings might be quickly consumed, family relationships often change, and there is little time for caregivers to care for themselves. What are some other examples of losses of health or well-being?

10. Note responses on the easel page. Examples might include:

- Drug abuse by a parent, resulting in an inability to care for children
- Children becoming emotionally disturbed due to being abused or neglected

- Financial crises resulting from the expenses of caring for additional family members
- Children having developmental delays caused from not getting necessary needs met as an infant

Many events involve multiple losses. A parent who becomes drug involved, for example, can lose his health, his home, his freedom, and even his children. This would certainly include loss, loved ones, self-esteem, and general well-being.

11. Explain why understanding the types of losses people experience is important. Cover the following points:

- The majority of significant life experiences can involve some type of loss.
- Some losses are not as apparent as others, and individuals process loss differently. To help another person manage loss, we need to be able to look at the loss from that person's perspective.
- Loss impacts human development. Depending upon a child's age at the time losses occur, the type of loss, and other factors, developmental milestones can be delayed or accelerated.
- Loss affects a person's ability to attach to people, and also the quality of attachments.
- In every instance, when someone experiences loss, there are feelings and behaviors that result. To help those we love deal with their losses, we need to be able to understand the behaviors that accompany the loss.

12. Introduce the grieving process.

We've spent some time talking about loss as a common human experience, and one that is very much part of the kinship experience. Although people react differently to losses, there are some common reactions that are part of the grieving process. This is what we'll be looking at next.

Pretend for a moment that you've lost something very special to you ...perhaps your wedding ring, or a piece of jewelry that was handed down in your family for several generations. You remember leaving it in your dresser drawer, and now it's gone. What might you do?

13. Expect responses such as:

- Continue to search
- Keep going through the drawer over and over
- Pray

You finally realize that the item is truly lost. It might even have been stolen, or maybe it got thrown away accidentally. What might you do?

14. Allow participants to respond, ensuring that most of the following are covered:

- Feel guilty, blame self
- Get angry
- Cry and become depressed
- Become resigned to the loss, and accept the fact that the object is gone forever
- Replace the object
- Learn to live without the object

Elizabeth Kubler-Ross has done a great deal of study on loss and dying, and has written several books on this subject. You might already be familiar with her work. We've just described the stages of the grieving process as she identifies them.

15. Introduce a group discussion on the pathway through the grieving process. Display **Transparency G** and call attention to **Resource 7: The Pathway Through the Grieving Process**. Make the following points:

This diagram gives basic information about the grieving process. It can be used to help us understand the feelings and behaviors of children in our care, others in the kinship family, and even ourselves as we experience losses. It's important to keep in mind that progress through the grieving process means that people move through several stages. But often, there is a step forward, and one step back along the way. Some people get stuck in one of the stages for a long time, sometimes forever. The five stages of grief don't happen to everyone in exactly the same order. There's not always a clear beginning and end when it comes to grief. But most people do go through the stages in one way or the other.



We're going to have a discussion as we walk through the five stages of grieving outlined on this diagram.

The five stages of the grieving process are:

- *Shock, denial, and protest*
- *Bargaining*
- *Acting out*
- *Depression*
- *Understanding and coping*

The pathway through the grieving process begins with a significant loss. As previously discussed, losses generally fall into the categories of Health, Self-Esteem, and Significant People.

16. Guide participants through each stage of the grieving process. Refer to the transparency as each stage is discussed, and encourage participants to continue to use **Resource 7: The Pathway Through the Grieving Process.**

17. Define and discuss the first stage.

The first stage is Shock and Denial. In this initial stage we try to stop the loss from occurring or deny that it has occurred. Here's an example of how an adult experiencing loss exhibited shock and denial:

A 65 year old grandmother caring for her two grandchildren, ages 11 and 14, began having severe pain in her stomach. She sought medical attention, and was told by her doctor that he suspected a serious condition, even cancer. The doctor advised that exploratory surgery be done very soon to determine the extent of her illness. He also gave her some medication that helped with the pain she was experiencing. The woman didn't have the surgery. She told her family that she couldn't leave children while she was in the hospital, and that since she felt much better after taking the medication given her by the doctor, she was sure the problem had resolved itself.

Think about your own kinship experiences. What are some ways the children in your homes demonstrated the Shock and Denial stage of loss?

18. Encourage several responses. Be prepared to offer additional examples if needed. Examples might include:

- Babies or toddlers calling for or looking for their parents
- Children or youth who deny being abused or neglected
- Children who turn to a fantasy world where they insist that any day their parent will be able to take them back and care for them
- Children or youth who deny loss by acting as if nothing has happened, seeming carefree, relaxed, or unaffected by the event
- Children asking when their parent will return
- Children or youth pretending or telling others that their parents are away on vacation or gone for a long visit
- Children or youth running away in search of their parent

19. Define and discuss the second stage.

The second stage of the grieving process is Bargaining. In this stage, people often feel that they can make a deal to make the situation go away. We try, either in fantasy or reality, to change the situation by changing ourselves. This stage can be hard to recognize because bargaining usually goes on inside the individual. Feelings of deep guilt are often associated with the bargaining stage.

An example of the bargaining stage is a youth who prays, "Please God, if you'll just make my mother well, I'll keep my room clean and come in ahead of curfew from now on."

Children and youth dealing with loss of a typical parent-child relationship often begin to ask the question "why has this happened to me?" They sometimes draw the conclusion that "something bad is wrong with me, I'm no good, and that's why I can't live with my mom or my dad." Children try to figure out what they have done to create the situation, and to bargain a way out of it by behaving differently. For example, a youth who was doing poorly in school at the time his mother tried to commit suicide might decide that if he attends school daily and makes good grades, his mother will no longer be depressed. Other children and youth reflect the bargaining phase of grief by assigning responsibility for the situation to a third party. The children living with relatives because of a parent's

alcoholism might say, "If my dad just lived in a neighborhood without so many bars, I could live with him."

20. Define and provide examples of the third stage.

The third stage on the pathway is often easily recognized: the Anger stage. Notice, however, that the anger goes two ways. One arrow moves toward acting out and the other moves toward depression. Notice also that anger and depression are connected.

When anger is turned outward, children and adults in this stage express angry, hostile behaviors. Blame directed toward others is often associated with the anger stage of grief. For a child or youth in a kinship family, this anger is frequently directed toward the caregiver.

For example, a seven year old was left by her mother at an aunt's home. The mother told the child that she would return in a week to pick her up. Several months went by with no word from the mother. The little girl became increasingly difficult to manage, and sometimes broke things or hit the pet cat. When challenged, she screamed at the aunt "I hate you! You made my mommy go away!"

21. Ask participants to provide several examples of this stage of the grieving process, based on their experiences as kinship caregivers, then move to the next stage.

22. Describe the fourth stage, and offer examples.

Just as the third stage of the grieving process is based on anger, so is the fourth. But in this phase, the anger is turned inward. Anger turned inward is usually called depression. As you can see from the diagram, there is usually some moving back and forth between acting out anger and depression. Even though the behaviors that result may seem opposite, anger is the source for both. Depression may be less visible than acting out behaviors, but these feelings are equally important to manage.

Here's an example of this stage of grief: A five year old boy's mother died in her sleep from complications of diabetes. He then went to live with his grandparents. For months, the little boy had great difficulty sleeping, and was afraid to leave his grandmother's side. He repeatedly came into her room at night and awakened her to be sure she was alive.

23. Ask for several examples from group members of how this phase of the grieving process might be reflected.

24. Describe the final phase of the grieving process.

As we said earlier, some people never completely get over their anger and depression. But many of us do come to some understanding about our losses. We sometimes hear this phase called "acceptance," or talk about "resolving" our grief. However, we're using the terms "Understanding," "Coping," and "Managing," because we question whether it's realistic to expect people to truly accept or resolve some losses. Understanding and coping is the beginning of "letting go" of the powerful feelings of grief. People understand, according to their age, abilities, and emotional development, what happened to them, and why. This phase allows more energy to be directed to other life functions, and there's a sense of hope for the future.

Here's an example of what one thirteen year old in this phase of the grief process said:

"My Mom is pretty funny sometimes. She uses drugs and can't seem to stop using them. It hurts me that she can't take care of me, but I'm glad I live with my grandparents. I know my Mom probably won't ever be a real mother to me, but I know she does care about me, and I'm glad I get to see her sometimes."

From your experiences as kinship caregivers, what are some other examples of children or youth coming to an understanding of their losses and are coping with them?

25. Discuss the role of the kinship caregiver as a loss manager.

At the bottom of the diagram are the words "managing loss." The role of loss manager is an important one for many kinship caregivers. What does this term mean to you?

26. Allow several responses from participants, then summarize, ensuring that the following points are made:

- When adults have been successful at grieving their losses and have come to a place of understanding and coping, they can be in a position of helping others do the same.



- Many children and youth in kinship families have suffered numerous losses, including loss of significant people, relationships, possessions, and self-esteem. They will be affected by these losses. They need understanding adults who can help them grieve. They may also need help in overcoming developmental delays caused by these losses or from inability to move through the grief process.
- Due to age or stage of emotional development, children's ability to cope at various developmental stages will change. They may need to revisit the grief process at different points in time. New experiences can trigger old losses. The caregiver serves as a loss manager by understanding that helping children grieve is part of helping meet essential developmental needs.

27. Present the factors that influence the grieving process.

From the examples and information about loss we've discussed, and what we know about human development, what are some factors that influence a person's ability to move through the pathway through the grief process and come to a place of understanding and coping with loss?

28. Solicit examples from the group, then summarize by displaying
Transparency H: Factors that Influence How Loss is Experienced.

Present and briefly discuss the eight factors:

- Nature of the loss: type of loss and expected versus unexpected. Loss of a caregiving parent is a significant loss for any child.

The child whose parent is murdered or dies unexpectedly might need longer to move through the shock and denial stages of the grief process than one who has been aware of a parent's terminal illness over a period of time.

- Age at the time of loss

An infant or toddler who experiences the loss of a nurturing parent might have profound developmental delays. An adolescent who has experienced many significant losses might resist attaching to anyone for fear of losing that person

- Ability to understand why the loss occurred

Children who know the circumstances surrounding a loss, such as why a parent must be absent and if and when contact will occur can better move through the grief process than those for whom these questions are unanswered.

- Emotional strength (the person's psychological health)

The child's history of losses, amount of support available to assist the child, and general personality traits all affect how he or she will be influenced and respond to loss.

- Circumstances causing the loss, such as death or abandonment

Loss of a parent to death will elicit a different response than a parent's incarceration or drug use.

- Number of previous losses, and the person's developmental stage at the time

Significant losses that happen during critical developmental stages can result in developmental delays. For example, a primary aged child who wets the bed, thumb-sucks, or rocks repetitively might be reacting to loss of nurturing or protection as an infant or toddler.

- Help given prior to, during, and after the loss

Children and youth who receive acknowledgement and assistance in dealing with loss are better able to move through the grief process. This help can come in many forms, including support of family members, counseling, and spiritual guidance.



29. Call attention to **Resource 8: Helping Children with the Impact of Separation and Loss**. Summarize by connecting loss and grief to child development.

Please turn to Resource 8: Helping Children with the Impact of Separation and Loss. This chart lists developmental tasks, and relates how loss and separation can affect development. In the third column, it gives specific ways that a caregiver can help children manage losses. While we don't have time to cover this resource in detail now, you might want to refer to it when you get home as a way to help you understand the children in your care, and to help meet their developmental needs.

30. Discuss the fact that in kinship families, loss and grief might be experienced and expressed in ways that are not typical.

As you well know, many children in kinship care have suffered significant losses. They might have experienced the death of a parent. Many have been deserted or abandoned, neglected or abused. They may have had important people in their lives

disappear for long time periods, sometimes forever. They may have experienced loss of trust and self-esteem if their important needs weren't met in early life. Sometimes kinship families find themselves bombarded with loss. Before one loss can be grieved, they experience another. These losses affect every member of the kinship family, not just the children. Kinship caregivers often find themselves in the position of supporting children, children's parents, and other family members in dealing with loss, while they are in the grief process themselves.

Let's focus for a few minutes on some reasons that the pathway through the grieving process might not follow the typical course for kinship family members.

31. Make a brief presentation, covering the following points:

Losses within kinship families often occur gradually, and may be difficult to define. For example, a parent might leave her child with a relative for increasing time periods and reappear sporadically to resume a parenting role.

Some children and youth have experienced so many losses that they see this as the norm. They may learn to deny loss as a way to cope and survive.

32. Transition into the next portion of the session.

Next, we're going to use a tool called a Loss History Chart to help you take what we've just discussed about grief and loss and apply it to your own family situations.

B. Loss History Chart



1. Introduce Resource 9: Loss History Chart.

Please look at Resource 9: Loss History Chart. This chart can be helpful in understanding the impact of loss, and how loss has been managed. This tool can be used in several ways. Many kinship caregivers find it helpful to use this tool for children in their care, and even for other family members. It can be helpful in understanding the experiences of others. You're going to use it in this session as a way of understanding the effects of loss and grief on the children in your care.

The Loss History Chart is also a way to look at your own losses, how they have affected you, and how you have handled them. It can help you think about where you are in terms of

being a "loss manager" for others, including the children in your care.

It's a way of coming to better understand the loss experience and can provide insight about behaviors or attitudes that may seem problematic or confusing.

2. Explain how the loss history chart is completed.

As you see, the chart has four columns. We start filling it in by listing the first loss we know the children experienced, how old they were at the time of the loss, and the circumstances of the loss that was suffered. Remember, each separation, move, or break in significant attachment is a loss, and should be noted on the chart.

The third column of the chart, "Help Given," can often offer clues to how well the child or youth may have been able to grieve the loss.

The last column asks us to think about how the loss may have affected the children's development. Here, we're looking at connections between the loss, the children's behavior, and developmental delays or problems.

Sometimes, there are gaps in information that kinship caregivers have about the children in their care. If this is the case for you, make educated guesses when possible, and indicate unknown information by writing "unknown" on the chart.

We complete the chart by listing all the experiences of loss for the children in the order they occurred, right up to the current time.



3. Direct attention to **Resource 10: Shonda's Loss History Chart**. Briefly review the chart, and ask participants how the information might be helpful to them if they were Shonda's great aunt.

Please take a look at Resource 10: Shonda's Loss History Chart. This is an example of a chart that was completed by Shonda's great aunt. Shonda is fifteen years old, and has recently gone to live with her great aunt. Shonda has lived for most of her life with her biological mother, who is a cocaine addict, and was recently sent to prison for violating probation. When she was younger, her grandmother, who died about a year ago, often cared for Shonda.



- Helps the caregiver understand how many significant losses Shonda has experienced
 - Provides information about how well Shonda was able to grieve old losses
 - Provides information to help understand what early developmental stages may have been affected by the losses
 - Provides information about past behavior that may help the caregiver understand current behavior and prepare for future behavior
 - Gives a better understanding of Shonda's emotional age
 - Helps assess whether losses have caused developmental delays or problems
4. Instruct participants to complete the loss history chart (**Resource 9**) for a child in their kinship family. If there is more than one child, suggest that the caregiver choose to complete the chart for the child who seems to have experienced the most severe losses.
- I'd like for you to take a few minutes to complete Resource 9: The Loss History Chart, for the children in your care. If you care for more than one child, you might choose the one you think has experienced the most serious losses, or who seems to have the most difficulty handling their losses. If you do care for more than one child, you'll want to be sure to complete a Loss History Chart for each of the children in your care before the next session. You'll need to work quickly. Feel free to abbreviate, as you're the only person who will be using the chart. Remember: think from the perspective of the child or youth represented on the chart.*
5. Allow approximately 15 minutes for participants to complete Resource 9. Be prepared to assist individual participants in getting started in completing the charts, and be available to answer questions or make suggestions as needed as participants complete the charts.

Part V. Caring In Action



00:20 Total

A. Action Planning



1. Refer participants to **Resource 11: Caring in Action: Identifying and Linking Circles Of Support.**

Please look at Resource 11: Caring In Action: Identifying and Linking Circles of Support. This will help you consider your role in promoting healthy child development and as a loss manager for the children represented on the loss history chart you just completed.

2. Instruct participants to complete **Resource 11.** Allow approximately 10 minutes for them to do so.

Now, it's time to create a plan of action for promoting your child's healthy development and helping him or her manage any losses. Take a few minutes to examine the information on Resource 6: Jigsaw Puzzles for My Child, and Resource 10: Loss History Chart. Identify any needs for the children represented in either or both of these resources. Then complete the Caring in Action Circles of Support similar to the one we just looked at for Shonda. Be as specific as possible. If two needs are identified, use the additional Circles of Support resource included with this resource.

3. Facilitate a large group discussion. Several of the questions noted below might be asked of the group. However, responses should be voluntary.
 - *Would anyone like to share an insight or something you learned as a result of this session?*
 - *Can anyone share an action step you plan to implement as a result of this activity?*
 - *Do you need any help from the group in finding help for issues or concerns you've identified?*
 - *Does anyone have a question or concern you'd like to discuss?*

4. Summarize and conclude this portion of the session.

You've done some good work on some topics that can be difficult to discuss. As you continue to promote healthy development and serve as loss managers for the children in your care and for other family members, be sure to take the time and energy to consider your own experiences. To the extent that you are self-aware, and feel permission to move through the pathway of grieving, you'll be better able to support others in doing so.

Part VI is most applicable to caregivers who are associated with a child welfare agency, or undergoing a licensure or certification process as a formal kinship caregiver. For other groups, Part V is considered optional. If Part V is omitted, continue to Part VI.

Part VI: The Important Role of Teamwork



00:20 Total



Purpose: To explain how the content and process of this session address the agency's foster care policy and assessment and licensing or certification requirements; to describe effective ways of collaborating with the agency to serve the best interests of children in kinship care.

A. Working Together to Address Developmental Issues and Manage Loss

1. Introduce the agency role in working with the kinship caregiver to address developmental concerns and deal with issues of separation and loss.

For families involved with a child welfare agency, there is a team of people responsible for helping meet a child's developmental needs and manage losses. This team can be a valuable resource in supporting the caregiver as well as the children. The worker assigned to the case is responsible for developing a service plan (sometimes referred to as a case plan or service agreement. This document charts the course of action and time frame for achieving an optimal permanent outcome for the children). The service plan should be carried out by all members of the service team, including the kinship caregiver.

2. Discuss possible ways the agency can assist kinship caregivers in addressing developmental issues of children in their care.

How might the agency help in addressing developmental needs of a child in kinship care?

3. Elicit responses from group participants. Be sure that most of the following are covered:

- Providing help in assessing developmental levels and determining whether developmental delays exist
- Making referrals for needed developmental services
- Assisting with financial arrangements for developmental testing or other developmental services

4. Discuss how the agency might assist the kinship caregiver in meeting developmental needs related to loss and grief.

How might the agency help in dealing with issues of loss and separation?

5. Encourage responses from the group. Ensure that most of the following points are made:

- Offering objective support to the kinship caregiver in addressing and managing their own losses
- Providing an unbiased perspective in assessing loss and grief issues for children in kinship families
- Making referrals for counseling or other therapeutic services that might be needed to help a child or family deal with loss and grief
- Assisting with financial arrangements for developmental testing or other developmental services

6. Summarize the importance of teamwork.

The importance of teamwork in helping children meet important developmental needs and manage their losses is critical. Child welfare professionals can also provide vital support and assistance to the kinship caregiver in assessing family needs and coping with their own losses.

Do you have questions or comments about how the agency can help you, the children in your care, or your family?

7. Address questions or issues concerning the assessment, licensure, or certification process.

Are there any questions, comments, or concerns regarding assessment, licensing, or certification?

Part VII: Closing Remarks



00:15 Total



Purpose: To end the session on a positive, affirming note.

A. Celebration of Caring

1. Direct participants to **Resource 12: Celebration of Caring**. Read the vignette on the resource aloud, or ask a participant (who has agreed ahead of time) to read it. Invite any comments about the story.

B. End of Session

1. Remind participants of the date and time of the next session, and of the session topic.
2. Remind participants to bring their Caring in Action books back to the next session
3. End the session.

Thanks for joining us to talk about the developmental needs of children, and about your vital role as loss managers for the children in your homes. Each of you is making a difference by helping children progress through necessary developmental stages and being there for them as they grieve their losses. Your commitment is truly valued. We look forward to seeing you at our next session.



Meeting Four: Identifying and Meeting Special Needs

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A Tradition of Caring

Identifying and Meeting Special Needs

Identifying and Meeting Special Needs

Agenda

Part I: Welcome and Caring in Action Discussion

- A. Welcome and Review of Outcomes, Session Goals, and Session Objectives
- B. Caring in Action Follow-Up

Part II: Telling Our Story

- A. Portrait of a Maltreated Child

Part III: The Effects of Maltreatment on Child Development

- A. Stress, Distress, and Trauma
- B. Looking at the Children in My Care
- C. Caring in Action

Part IV: Special Caring for Special Needs Children

- A. Elements of Special Caring Parenting
- B. If It Ain't Broke, Don't Fix It
- C. Special Caring Parenting Plan

Part V: Closing Remarks

- A. Celebration of Caring
- B. End the Session

LEGEND	 = Carebook Resource	 = Trainer's Note	 = Easel/ Easel Pad	 = Individual Activity
 = Transparency Used	 = Important to the Child Welfare process	 = Time Length	 = Group Activity	
Italics = Facilitator's speech				

Resources, Transparencies, and Materials

Resources

- Resource 1: Meeting Goals and Objectives
- Resource 2: Agenda
- Resource 3: Stress, Distress, and Trauma
- Resource 4: The Developmental Effects of Maltreatment
- Resource 5: Holding In vs. Letting Out
- Resource 6: Strengths and Resources
- Resource 7: Looking at the Children in My Care
- Resource 8: The Elements of Special Caring Parenting
- Resource 9: Tips from the Experts
- Resource 10: Special Caring Parenting Plan
- Resource 11: Celebration of Caring

Transparencies

- Transparency A - B: Stress, Distress, and Trauma
- Transparency C - H: Developmental Effects of Maltreatment
- Transparency I - J: Holding In vs. Letting Out

Materials

- Easel and easel pad
- Markers
- Overhead projector and screen or LCD projector and screen
- Refreshments

Part I: Welcome and Caring in Action Discussion



00:20 Total

Purpose: To review the outcomes, goals, and objectives of this meeting, and to share experiences, successes, questions, and concerns related to Caring in Action plans.

A. Welcome and Review of Outcomes, Session Goals, and Session Objectives

1. Welcome participants.

Hello again! Whether you came by bus, taxi, subway or car, the fact that you are here shows that it is the commitment in each of you that ultimately brought you here.

Don't forget to put your name tent in front of you, or use the paper and markers on your tables to create a new one.

2. Discuss the title of this meeting and connect it to the Kinship Care Outcomes.

Today's session is called "Identifying and Meeting Special Needs." Many children who have experienced significant losses or child maltreatment have special needs for care and treatment. Some have special needs regardless of maltreatment.

In the first part of this meeting we will look at identifying special needs. Some children have needs which can only be met by providing them with special care and treatment. Identifying these needs is the first step in understanding these children. It can help us to make sense out of puzzling or difficult behaviors, because once we can identify these in action, they become easier to understand.

In the second part of the meeting we will look at what it takes to meet these special needs. Of course, not all needs can be met by parents or family members, even those skilled at providing special caring to children with special needs.

Your child welfare agency can be very helpful to you in identifying special needs, and especially in helping to meet those needs. If a child in your care is in the custody of a child



welfare agency, or is receiving services through the agency, it is important that you work closely with them to identify and address any special needs. If special needs are identified, plans for how the needs will be met should be included on the service plan for your child.

Whether or not your child needs additional help, we will take a look at some ways of providing the special care that only you can provide.



3. Direct attention to **Resource 1: Meeting Goals and Objectives.**

Take a look at the goals and objectives for this meeting and see if you have any questions or comments about where we are headed during this session.



4. Direct attention to **Resource 2: Agenda.**

Our plan for this session should be familiar to you. We will combine the opportunity to share information, experiences and support. Everything we do during this meeting will help you with our objectives of understanding how maltreatment can affect development, understanding what factors affect the impact of maltreatment, and discussing how these special needs can be addressed – by you and others – while the child is in kinship care.

Of course you will have the opportunity to apply new information to your own family, to hear from you about your own experiences, and to hear from you about tips for providing special care.



We will take a close look at how the child welfare agency can help in identifying and meeting the special needs of your children in care. We will review how what you learn in this meeting addresses foster care assessment and licensing or certification requirements.

As always, you will end this session with an individual plan to put new learning or ideas into action.

B. Caring in Action Follow-Up

1. Introduce the activity

At our last session, you created an Action Plan. Since we last met were you able to put your plan into action? If so, did you have any successes or frustrations that stand out in your mind,

and that you would like to share with us? Did anything come up which might be a useful tip to share?

2. Facilitate a group discussion. Try not to prompt people to participate. Sit in silence if necessary and see who might answer. Do not call on people; let them volunteer. Thank all those who do share and try to offer each a supportive response, even if only paraphrasing what they contribute. If possible, make connections between input from different participants.
3. Segue to Part II of the meeting.

Part II: Telling Our Story



00:35 Total

Purpose: To familiarize the participants with their own perceptions about children who have been maltreated. The trainer will be able to acknowledge accurate information and correct misperceptions.

A. Portrait of a Maltreated Child

1. Introduce the activity.

Some of you have intimate knowledge of what a maltreated child looks like. Others of us have a general idea of what such a child would look like. To get us started I would like each of you to use the markers and paper to draw a picture of what you think the typical maltreated child may look like.

Don't worry. This is not art class, but a chance to put into a picture what might be hard to put in words. But I also want each of you to put something into words, too.

2. On the easel pad, write the following:

- Three Words (upper left corner)
- Three Strengths (upper right corner)
- Three Challenges/Problems (lower left corner)
- A Motto (lower right corner)

Once you have drawn your portrait, I would like you to write the following on your portrait. First, on the upper left corner of your portrait, write three words that come to mind to describe the typical maltreated child. Second, think about the strengths you might see in the typical maltreated child and list three of these on the upper right corner of your portrait. Third, think of challenges or problems you might see in a child who has been maltreated in any way and write three of these on the lower left corner of your portrait. Finally, if your maltreated child had a motto, what would it be? Think about it and write it on the lower right hand corner of your portrait. Don't worry

about using full sentences—use as few words as possible to convey your thoughts.

Post these on the [designated] wall as you complete them and we will make a Mural of Maltreated Children right here in the room.

3. As participants finish, have them post their pictures on a wall or easel. When all have been posted invite the participants to “view the mural.” Join them in looking over the portraits. When everyone has had a chance to observe the portraits ask them to be seated. Lead a discussion about what they observed. Try to point out similarities and differences between the drawings.

Read the descriptive words out loud, asking participants about their reactions to those words.

Compare and contrast the strengths and challenges presented by maltreated children, and ask the participants about their reactions to these lists.

Review the mottoes and ask the group for reactions. Point out similarities and differences between them.

4. Thank and congratulate the participants for their portraits. The trainer should be familiar with the material in the remainder of this session. If the participants’ portraits are accurate, point out how they are on target with what researchers and clinicians tell us about maltreated children. If the portraits differ from research and practice knowledge about maltreated children, point out that many times our images of maltreated children are based on our experience with some of these children. It can differ from what research tells us about large numbers of children who experience maltreatment.

Leave the mural posted during the session and refer to it as appropriate throughout.



Part III: The Effects of Maltreatment on Child Development



01:00 Total

Purpose: To describe in general and specific terms the impact of maltreatment on child development. To present the effects of trauma on children and the typical symptoms shown by traumatized children.

A. Stress, Distress, and Trauma

1. Briefly discuss the purpose of development.

Researchers have been learning a good bit about child development during the last 10 years. For example, we know that the human infant is not born fully developed. The baby's brain and central nervous system are not fully formed. The quality of early care – the interaction between the caregiving environment and the child's developing body – helps the infant to grow brain structure and neurons. One general rule of thumb about child maltreatment is "the earlier the maltreatment, the greater the harm." This is so because early abuse or neglect can actually interfere with brain and nervous system development, and with other aspects of physical growth. For example, we know that malnourished children may not develop strong bones or grow to normal height. Other maltreated children have problems with control of toileting, and this can persist into pre-teen years or later.

The physiological effects of abuse and neglect on child development can be easy to detect. These effects actually show themselves on the infant's or child's developing nervous system and body. The emotional and psychological effects of maltreatment show themselves, too, but in more subtle ways. We are likely to see these in children's behaviors, their relationships, their ideas about themselves, and their performance in school.

In the last session we learned how children develop, and how their development in some areas may lag behind the same child's development in other areas. But what is the purpose of development anyway?

2. Invite participants to think about this question and offer answers. All answers have merit and help to frame this session.

Your ideas about the purpose of development are excellent. Humans take a long time to develop to full maturity. Certainly one purpose of development is physical maturity and all that this implies. But the development of a healthy adult in this complex world of ours has other purposes as well. One clinician put it this way: "The result of development should be an adult who has the capacity for work, for love, and for leisure."

3. Ask the participants to think about one significant role model in their own lives—either currently or from their growing up years. Using these three criteria (the capacity for work, the capacity for love, and the capacity for leisure), ask participants to think about how these criteria apply to those role models and discuss what comes to mind.

What we learned about development in the previous session is a guideline that tells us general stops or stations along the way to our destination of being a mature person with the capacity for love, work and leisure. When children are abused or neglected, forces are set in motion that can delay or derail development.

4. Direct attention to **Resource 3** and **Transparency A - B: Stress, Distress, and Trauma** and review these concepts.

All children are born with a certain amount of energy. Under good enough conditions, the bulk of a child's energy can be used for development. Development is the "business" of childhood, and makes up the major "work" of the child. If things are good enough, it is the "project" that the child and her caregivers are working on together.

When children are forced to face situations that are less than "good enough" or that include abuse and neglect, children can experience stress, distress, or trauma. Each of these takes energy for the child to deal with – draining energy that would otherwise be available for the child to put to the business of development. Some children approach the "business" of development with their energy tanks only half-full; others approach development with their tanks near-empty. This guarantees that, compared to children of similar age and basic ability, these children's development will be delayed or put on hold. This is the root of their special needs.



Children may face many overwhelming circumstances. A lot of research has tried to relate specific outcomes to specific kinds of problems in parenting. Researchers do know something about this, but it now appears that all events that overwhelm children lead to certain general effects. The general effects of dealing with overload and overwhelming circumstances are Stress, Distress and Trauma.

Stress is something we are all familiar with – a kind of overload that keeps us from doing or being our best. Stress requires all of us to develop coping skills to keep our physical, mental, and spiritual health while dealing with daily pressures.

Distress happens when something out of the ordinary temporarily overwhelms our ability to cope. It is just too much, or in some cases, too little. If the distress of the overwhelming situation is relieved soon enough, we can recover pretty quickly.

Trauma, on the other hand, is very different. Overwhelming situations or conditions settle in and become a part of the child's life circumstances. This can affect how the child sees herself and others, as well as how the child functions. The child's energy is constantly being drained through the need to defend herself from trauma, or from the pressure to "act out" to try to find relief from the harmful and disorganizing effects of trauma. This can seem perplexing, but traumatized children may need to act up to try and to control the environment, to try to provoke a controlling response from the environment, or to show what they have been through and the pressure they are under.

5. Ask for questions or comments about stress, distress, and trauma. Introduce the concept of "symptoms as gifts."

Distressed and traumatized children who can't tell us what they are going through usually find ways to show us what they are experiencing. They may actually be showing us the effects of maltreatment on development in spite of themselves. Children who have been maltreated may seem defiant, provocative, stubborn, selfish, distant, hostile, sad, mad or bad. Some seem to cling to an unreal, ideal image of a parent who may have hurt them, and to be angry with those of us who provide care and never do them harm. It isn't always easy to keep in mind that they are showing us what they have been through and its effects on them. To protect the child's image of

a parent means to keep hope alive that one day the image and the real parent may match.

Even more puzzling, sometimes the effects of trauma can be delayed. Often this shows up when children reach a new developmental milestone, like starting school, or changing to middle school, or reaching puberty. Some children aren't able to show how they have been affected by their experiences of maltreatment until they feel safe enough to let it show. When they are feeling unsafe, many children seem to mind themselves much better than they do once they can really trust in the fact that they are safe. This can be very confusing, almost as if being safe were making them worse!

However, in many ways these signs or symptoms of maltreatment are like gifts. They are what the child gives us as their only way of letting us know about their experience of maltreatment and its impact on them. When we see a child's symptoms and think of them as gifts, we can carefully look inside to learn just what it is the child is bringing to us and find ways to help them deal with their experience of maltreatment.

6. Refer participants to **Resource 4 and Transparency C - H: The Developmental Effects Of Maltreatment.**

Here is a list of a half-dozen of the primary effects of maltreatment on development. Let's look these over – one by one.

***Attachment** tops our list. Attachment is important because it paves the way for how we relate to others—especially others we need—for the rest of our lives. Maltreatment can leave children feeling insecure in important relationships. They may be clingy and needy, or simply avoid people who can help them. Some children who have been severely maltreated or maltreated at a young age can even become disoriented when they have needs that would ordinarily lead them to turn to others. Later in life this is likely to show up in the child's need to be in control. This makes sense, in a way. If the child feels as if he needs someone for help, it could lead to extreme disorientation, as if she were about to fall to pieces. Being in control of everything helps children not to feel their need to turn to others, which has lead to hurt and disappointment in the past. Children whose attachment to others has been harmed by experiences of maltreatment have special needs for care beyond TLC.*



*Second on the list is **Behavioral and Emotional Self-regulation**. Children take their experiences of being cared for inside themselves. They use these experiences to learn how to take care of themselves. You all know that very young children need adults to help them regulate their feelings and their behavior. When children get too worked up a caregiver is there to soothe the child, or help her calm down or redirect the behavior. Children literally take these caregiving experiences inside them and learn how to regulate their own feelings and behaviors. The outside comes inside. Children who have been abused or neglected may have experienced gaps in receiving care that helps them regulate their own emotions and behaviors. In fact some children may not have gotten any response until their behaviors were well out of hand. Children who have difficulties in regulating their feelings and behaviors have special needs beyond ordinary discipline.*

***Development of Sense of Self** refers to having a clear conviction that one's self, first and foremost, will survive. Infants have survival instincts built into them. Children who are maltreated early in life may not have that deep conviction that survival is guaranteed. These children feel that their survival is continually at risk—everything is a matter of life and death. Self-image (how we see ourselves) and self-esteem (how we feel about ourselves) develop later and over a period of time. Maltreated children frequently develop self-images of being bad or unlovable. They may lack confidence in their abilities and may even stop trying. Children whose sense of self has been negatively affected by maltreatment have special needs beyond typical parental support.*

***Peer Relations** is an area where maltreatment can have an impact on child development. Many times maltreated children may have difficulties with peers. Some may withdraw from peers. Others may have difficulty making friends because of aggressive or provocative behaviors. Either way, maltreated children may have trouble making friends. They are at risk of developing negative peer influences, or of becoming withdrawn or loners. Maltreated children who have problems in peer relations have special needs beyond being in an environment with positive peers.*

***Cognitive and Academic Performance** can be affected in maltreated children. No one knows exactly why but it is not unusual for maltreated children to have difficulties with schoolwork. Problems with the child's sense of self, difficulty with peer relations, and problems in behavioral and emotional*

self-regulation may all account for these school difficulties. Children whose cognitive and academic functioning have been negatively affected by child maltreatment have special educational needs.

*Last on our list is **Language Development**. Researchers and professionals aren't sure why this is so, but many maltreated children have difficulties with language development. It is easy to see how this may contribute to academic difficulties. Children whose language development has been affected by maltreatment have special needs, especially in sending and receiving messages.*

Here we also review the effects of specific problem parenting behaviors on children. These effects may occur in addition to the effects already mentioned. When you review this list, you will see that the old saying is true: "Children learn what they live."

7. Ask participants to review the Resource and see whether anything reminds them of children in their care.
8. Direct attention to Resource 5 and **Transparency I - J: Holding In vs. Letting Out** and review the following about Internalizers.

By the time distressed and traumatized children reach somewhere between ages 6 and 11 in their elementary school years, they show one of two basic symptom patterns - Internalizing and Externalizing. It is easiest to think of Internalizers as kids who tend to hold things in. We can think of Internalizing as the over-control of emotional expression. Some of the typical symptoms seen in Internalizers include problems with feelings and with moods.

- *Anxiety: Many children are very anxious. The best way to understand anxiety is to think of it as fear in the absence of anything specific we can put our finger on to be frightened about.*
- *Depression: More than sadness. Depression robs the child of energy and hope.*
- *Somatic Complaints: This means that many children turn their emotional and psychological problems into physical concerns, like headaches or tummy aches that seem to have no physical cause.*



- *Extreme Passivity and Compliance: This danger symptom is frequently overlooked by parents and teachers who believe that "no news is good news." With many children, no news is awful. These children try to control their world by getting along, being obedient to a fault, and just staying out of the way to play it safe.*
- *Hysteria: This refers to extreme emotions and tearfulness in reaction to small or typical events in everyday life.*
- *Obsessions: These refer to repeated behaviors that make no sense. Some hurt children may have rituals or quirky behaviors that they go through to magically make the world safer and give them the illusion that they can control the danger around them.*
- *Phobias: Phobias are unreasonable fears of a person, place, thing, event, etc. Many times these fears may be directly connected as reminders to the child of abuse and mistreatment. Other times these extreme fears stand in for the original source of fear. It is hard for someone who has never been paranoid to understand that, for many traumatized children, phobias actually provide relief. The anxious child is acting and feeling scared and doesn't know why; the phobic child knows exactly what the source of fear is, and may even have a pretty good idea what to do about it.*
- *Suicidal Tendencies: This is the scariest symptom shown by the Internalizer. The thought of suicide may also provide a sense of control and relief over unbearable thoughts, feelings, and pressures. Some children may make suicidal gestures and never intend to hurt themselves. Their overtures at suicide may be just as lethal as the attempts of children who really mean it. Suicidal Tendencies should always be taken seriously and referred to a skilled clinician.*

9. Ask the participants whether or not they have any Internalizers in their care, and allow for several responses.

10. Cover the following points about Externalizers.

- *Externalizers do not hold it in; they let it out. Externalizing can be thought of as the under-control of emotional expression. Typical symptoms of Externalizers include the following:*
- *Conduct Problems: Children whose behavior is difficult to manage have conduct problems. They do not seem to respond to common sense or to discipline or even punishment. They do not seem to learn from mistakes or from the advice of others.*
- *Increased Demanding: Children's provocative behaviors may be their way of showing us what they have been through and of helping us to feel like they felt going through it (helpless and ineffective). Their demanding behavior may be a desperate way of taking control of a frightening circumstance.*
- *Attention Defecit Hyper-Activity Disorder (ADHD): There is a lot of controversy about which children have ADHD and which do not. Many abused or neglected children show signs that mimic ADHD: difficulty in paying attention or concentrating, inability to keep still, etc.*
- *Cruelty: Many children who have been dealt with harshly, especially early in life, do not have consideration and a "feel for" others. They may treat others the way they have been treated, and see others as being only as good as what they can do for me now. Cruelty may be expressed towards peers, siblings, pets or animals. Sometimes rage can appear as fire setting.*
- *Lying/Stealing: Many maltreated children lie when there is no need to. They take what might even be given them if they ask. This behavior can mean many things, but it always relates to having a powerful secret life where they can get what they need or want without having to depend on others.*
- *Aggressiveness: Many Externalizers are aggressive. They may do things to hurt or threaten others, and they may put themselves in dangerous situations. When they are caught, they are not likely to feel responsible for their own behavior, but attribute the cause to circumstances or to the*



behavior of others. For many children, this is a reflection of exactly how they were treated; only now they are showing others and us. What was once taken inside now comes outside for the rest of the child's world to see and to have to deal with.

11. Ask the participants whether or not they have any Externalizers in their care. If any participants have both, ask them about the differences between them, and about the special challenges involved in giving care to both.
12. Refer participants to **Resource 6: Strengths and Resources** and review the following.

All children, even those who have experienced trauma, have strengths and resources. Recently much research has been done into the resilience of children. Since all children are different, there are some who can bounce back from difficult situations more easily than others. Researchers are learning a lot about what contributes to resilience. Some things, like having a sense of humor or being oriented to the future are things we can help a child with. Other things basic to a child's makeup—like their temperament or intelligence—are things we have to help a child learn to live with, making the most of the gifts and limitations that are unique to them. What is important for us is to be aware that children may go through very similar experiences, but because of differences in resilience, the impact on children can be very different.

To understand the impact of maltreatment on a child, we need to take into account what the child has been through plus the child's resilience—the ability to bounce back. This helps us begin to understand the general impact of maltreatment on the child.

Resource 6: Strengths And Resources lists some of the things we know promote resilience. Strengths refer to elements of a child's makeup that shield her from the impact of maltreatment. Resources are those things in the child's family and the child's world that provide support and protection from the more serious effects of maltreatment. Read through this list and tell me what you think the most important Strength and the most important Resource are.

13. Give the participants about five minutes and facilitate a discussion of which Strengths and Resource they see as most important. All responses should be welcomed.



B. Looking at the Children in my Care

1. Refer participants to **Resource 7: Looking at the Children in my Care** and conduct the following activity.

Using the resources you are familiar with, take a look at the children you have in your care. Try to think about any special needs these children may have which show up as symptoms. What categories of symptoms do you see? List these on your chart. What Strengths and Resources do these children have? List these as well. What special needs does the child have? Take about 5 to 10 minutes to use your Resources to complete this chart, and then we will review your work.

2. Ask participants to volunteer to share what they have learned by taking an in-depth look at the children in their care. This is personal information, so do not call on participants. They may also wish to make general comments rather than specific comments about children and that is quite permissible. When the discussion is completed, ask people how the pictures that they completed earlier compare with the assessments of the real children in their care. Congratulate them for their earlier accuracy and for having learned during the workshop and applying their learning to children in their care.

C. Caring in Action

1. Direct the participants to the chart at the bottom of **Resource 7**, which asks them to identify whether a child in their care has special needs, what these special needs are, and what action steps may be taken to help meet the child's special needs.
2. Arrange the participants into small groups of no fewer than three. Give them 20 minutes to discuss their findings with members of the group and ask for input about what "help" would be needed to meet the identified special needs.
3. Ask for feedback from volunteers about their assessments and their blueprints for action. When reviewing action steps be sure to determine what needs to be done, who will be responsible, and the time frame in which it is to occur.
4. Summarize Part III and bridge to Part IV.

From your portrait of a maltreated child to your taking a look at children in your care as a way of planning next steps, you have covered a lot of ground so far. We have identified special needs by learning about the impact of child maltreatment and how children show us this through symptomatic behavior. We have also taken a close look at the strengths and resources children have that can protect them from trauma and help them

bounce back. We know that children in your care have special needs. Before we move on, do you have any comments or thoughts that you might want to share?

In our next segment of training we will take a look at the special caring that children with special needs require. We want to especially focus on what you, as the caregiver, can do to provide special care to help meet these special needs. If all that was required were a little TLC to make up for what children have lost, there would be no need for this workshop. But special needs children require special care, and that is what we will look at next.

5. Take a 15-minute break. Note the time and let the group know when you will be starting back up.

Part IV: Special Caring for Special Needs Children



00:50 Total

Purpose: To review the elements of special needs caring and tips from the experts on how caregivers can provide this care. To consider how this information fits with the caregiver's approach to parenting and how this approach may be adapted to provide the special caring necessary to meet the special needs of children who have experienced maltreatment.

A. Elements of Special Caring Parenting

1. With participants remaining in their small groups from the previous exercise, discuss the importance of the team in providing special care.

The special care that children with special needs require may reach beyond what a caregiver can be reasonably expected to provide. Some children need professional help. The case manager you are working with can help review the special needs of children in your care to determine which needs may require professional intervention. The case manager can help to arrange referrals and to provide critical assistance in seeing that you have the help you need to provide special caring parenting.

It is important to remember that you are not alone in meeting the needs of children in your care, and to not take on too much. The key is remembering that children show us what they need, and that sometimes they show us that they need more than we can provide alone. When what you have been doing consistently meets with failure, when children become increasingly overwhelmed and distressed, and when your gut feelings cause concerns that you are at a loss about what to do, these are signs that you should turn to your team for help. The first step in turning to the team is to contact and consult with your case manager or social worker.



2. Refer participants to **Resource 8: The Elements Of Special Caring Parenting**.



*The first element of special caring parenting is the most important of all: **Understand the Child's Needs**. Look at the list of needs. When you think of the children in your care, you*

have probably seen all of these. These aren't just the needs of special needs children—they are the needs of all children. In children with special needs, these can sometimes seem larger than usual, and sometimes they seem to disappear. It is very important that we work to remember and to identify what our children need, especially when the going gets tough.

The second element of special caring parenting grows out of the first: **Consider What Lies Behind the Child's Behavior.** Remember your analysis of the child in your care. The behavior is a sign of your child's special needs. Your child's fears and anxiety and pain are likely to be at the very heart of the problem behaviors. These are those gifts you may not really want, but have received anyway.

The third element is **Use Positive Discipline.** Positive discipline requires providing guidance that helps the child to regain internal control or delivers external control while maintaining the child's personal worth. We will look more at this when we consider tips from the experts.

The fourth element of special caring parenting is **Difficulty Is To Be Expected.** This is an important element. It tells us that, in providing special caring parenting, smooth waters may well be the exception and not the rule. This element is so important because it helps you prepare yourselves as caregivers for what you might expect. It is better to be disappointed that difficulties have not appeared, than to be surprised that they have. Your children will sense your readiness and know that, when they are off balance, you won't be knocked for a loop.

The fifth element is what we talked about a moment ago: **Get Help From the Right Sources.** This is something you won't have to do alone. Remember to work with your caseworker when you begin to experience concerns and don't wait until things are out of hand.

The sixth and final element, but certainly no less important, is **Don't Be in a Hurry.** So many times we wish things could change more rapidly than human nature will allow. When children show us the effects of abuse or neglect on them—in all the ways it has sidetracked them from healthy development—we can feel a sense of urgency about helping them get turned around. This can create a background of impatience and set us up for disappointment. Children change when they feel safe. This may require that they test the waters over and over again. A veteran caregiver once said, "When all

else fails, lower your expectations." Take your time; it's the best thing you have to give.



3. Ask for thoughts and comments about the Elements of Special Caring Parenting, and offer brief remarks to everyone who contributes.
4. Arrange participants into small groups of no fewer than three. If possible, break group into seven triads. Assign each group a category from **Resource 9: Tips from the Experts** and introduce the following exercise.

Over the years experts in working with children with special needs have shared their experience about what works with others in the field. This resource organizes the tips into the same categories as the Developmental Effects of Maltreatment. Each of your groups will be assigned an area to review.

What is important for us to keep in mind is that we have experts in this room, too. Many of you have experience in what works, but we just haven't had the opportunity to publish our findings in a book or article. But that doesn't mean we can't share with others in this training.

As a group look over the list of tips in your category. Discuss the experiences you have had with any of these. If no one in the group has had a chance to try out the tips, see what you think about how it might work. In addition to the tips on your list, see if anyone in your group has experience with something that works that you might add to the list. Take about 15 minutes to review the list and discuss what else you might add, and select someone to share your findings with the group. Each group will get to be our "experts" in response to a category of maltreatment effects, and then share your expertise with other groups.

5. Give the groups time warnings with five minutes and two minutes left in the exercise. Give each group five minutes to present, thanking them for their presentations and congratulating them for any additions they were are to make to their list of tips.

B. If It Ain't Broke, Don't Fix It

1. Discuss the Tips presented and apply them to the participants' parenting.

These tips gave us a lot to think about, but applying them in our parenting isn't always as easy as "just doing it." There are three things to keep in mind when trying out new tips.



First, "if it ain't broke, don't fix it." If what you are doing to address a problem or challenge works, don't change it!" Adding new skills just to add new skills is not necessary.

Second, "if it isn't working, don't do more of it." Rather than try something else, many caregivers try to do more of what isn't working.

Finally, when you do try out new tips, "give it your all for a couple of months." When you try out anything new, it takes a while for you to build skills and for the change to become a consistent part of the child's experience. Many caregivers trying out new behavior try for a few days and then, if a miracle doesn't happen, they give up on the change and either try something else or go back to doing more of what doesn't work. This can lead to chaos because caregivers who work this way become models of inconsistency. When you commit to trying something new, stick with it long enough to get good at it and have it become a part of the child's expectations. Until it becomes a consistent part of the child's environment there is no way of telling if it's working or not.



C. Special Caring Parenting Plan

1. Refer participants to **Resource 10: Special Caring Parenting Plan** and direct them to fill it out.

Now that we have looked at the general elements of Special Caring Parenting and Tips from the Experts—all the experts—I want you to take a couple of minutes and dig deep. This exercise is an individual one. What you work on here is between you and yourself. Of course, if there is something that you really want to share with the group, I won't stand in your way. Please take five minutes to complete this resource.

2. Give the participants five minutes and ask them if they need a few more minutes. Give a one-minute warning before you stop. Ask if anyone wishes to share anything related to drawing up his or her blueprint. If not, you can appreciate the personal nature of the work. If anyone shares, thank him or her for what they have added to the group's experience.

Part V: Closing Remarks



00:15 Total



Purpose: To bring closure to the session and to the issues dealt with during it.

A. Celebration of Caring

1. Direct participants to **Resource 11: Celebration of Caring**. Read the vignette on the resource aloud, or ask a participant (who has agreed ahead of time) to read it. Invite any comments about the story.

B. End the Session

1. Ask participants if there are any further questions or comments about the session.
2. Allow a moment for people to consider and respond.

Children who have been seriously distressed or traumatized by maltreatment may have special needs. These needs can show up in many ways that may prove difficult and challenging to caregivers. This is a sign of their need for special caring parenting. What you are doing in providing special care to children is working in the present to change the future.



Meeting Five: Providing Guidance and Discipline



A Tradition of Caring

Providing Guidance and Discipline

Providing Guidance and Discipline

Agenda

Part I: Approaching Behavior Management

- A. Welcome, and Review of Goals and Objectives, and Caring in Action Plans
- B. Examining Our Routines and Expectations
- C. The Purpose of Discipline
- D. Telling Our Story

Part II: Behavior Management Techniques

- A. Understanding Children's Feelings and Behaviors
- B. Principles of Social Learning
- C. The Range of Discipline Methods and Techniques

Part III: Behavior Management Considerations for Children in Kinship Care

- A. The Impact of Physical Discipline on Children who have been Maltreated
- B. De-Escalation Strategies and Skills
- C. Dealing with Dangerous Behaviors in Kinship Care

Part IV: Caring in Action

- A. What this Means for my Family
- B. The Important Role of Teamwork

Part V: Closing Remarks

- A. Celebration of Caring
- B. End the Session

LEGEND	 = Carebook Resource	 = Trainer's Note	 = Easel/ Easel Pad	 = Individual Activity
 = Transparency Used	 = Important to the Child Welfare process	 = Time Length	 = Group Activity	
Italics = Facilitator's speech				

Resources, Transparencies, and Materials

Resources

- Resource 1: Meeting Goals and Objectives
- Resource 2: Agenda
- Resource 3: Our Household Routines
- Resource 4: Goals of Effective Discipline
- Resource 5: What We Know about Discipline and Rules
- Resource 6: Common Feelings of Children in Kinship Care
- Resource 7: Principles of Social Learning
- Resource 8: The Range of Disciplinary Techniques
- Resource 9: I Caught You! (Being Good!)
- Resource 10: Providing Encouragement
- Resource 11: Planned Ignoring
- Resource 12: Rules
- Resource 13: Grandma's Law
- Resource 14: Natural and Logical Consequences
- Resource 15: Time Out
- Resource 16: Side Effects of Physical Punishment
- Resource 17: De-Escalation Skills and Strategies
- Resource 18: Dealing with Dangerous Behaviors
- Resource 19: Caring In Action: Re-thinking Discipline
- Resource 20: Celebration of Caring

Transparencies

Transparency A: Common Feelings of Children in Kinship Care

Transparency B-C: Principles of Social Learning

Transparency D: The Range of Disciplinary Techniques

Transparency E: I Caught You! (Being Good!)

Transparency F: Anonymous Quote

Materials

Easel and easel pad

Markers

Overhead projector and screen or LCD projector and screen

Refreshments

Part I: Approaching Behavior Management



00:40 Total

Purpose: To introduce participants to the connection between everyday routines and the development of discipline in children; to the purpose and goals of behavior management; and to attitudes toward discipline and rules.

A. Welcome, Review of Goals and Objectives, and Caring in Action Follow up

1. Introduce the session by stating the purpose of this meeting. Direct participants to **Resource 1: Meeting Goals and Objectives**. Review the material and present the following information.

For relative caregivers, being able to effectively and positively discipline the children in their care is a crucial skill in the parenting experience. The challenge of effective discipline is great in any parenting situation. In fact, most of you have already parented and are now being asked to parent again. However, children who have experienced trauma, neglect, and emotional abuse make this challenge even greater. In your previous sessions, you have had the opportunity to explore how trauma may impact children's development and behavior. It is important to consider how the trauma of separation and prior abuse or neglect impacts children in ways that are especially critical to behavior management. These include:

- *The emotional methods of coping that they have had to develop in order to survive*
- *The behaviors that express their feelings and needs*
- *The relationships with those around them and how they are impacted by the children's behaviors and emotions*

2. State that in this session the focus will be on helping children to manage their behaviors while in the relative's home. Direct participants to **Resource 2: Agenda**.

Many foster parents express frustration when dealing with a variety of challenging behaviors presented by the children and adolescents in their care. These behaviors are no doubt a

challenge to even the most skilled and experienced foster parent. The same can be said of relative caregivers, many of whom have successfully raised their own children and have now been put in a position of parenting a "second time around." In fact, as Barbara Kirkland, founder of Grandparents Raising Grandchildren noted, "Becoming a parent again is not a first choice. It's a last alternative."

While discipline presents a great challenge, we also know that this is the way children develop self-control and responsibility. We often think of discipline primarily in terms of changing behaviors or dealing with problem behaviors. But discipline is also about teaching and guiding children to develop positive and responsible behaviors.

In this meeting, we will talk about the purpose of discipline. We will look at the feelings of children in kinship care and the meaning of behavior. We will explore a range of techniques available to promote positive behavior, promote self-control, and respond to a lack of control. The impact of physical discipline on children in kinship care will be discussed, and finally we'll present ways to help you deal with crisis situations.

3. Remind participants of the Caring in Action plan that each of them completed during the last session to address specific needs related to the meeting topic. Ask for volunteers to share their experiences in carrying out their Caring in Action plans.



Facilitate a discussion regarding experiences in implementing Caring in Action Plans. Sharing should be voluntary. Strive to keep the discussion as positive as possible, focusing on successes and generating suggestions for addressing frustrations or challenges experienced by participants.

B. Examining Our Routines and Expectations

1. Explain that the group will begin to examine a few current routines in their households that the children coming into their home needed to know about and abide by.
1. Refer the group to **Resource 3: Our Household Routines** and review.

Every home and family needs routines and expectations of behaviors for its family members in order to operate smoothly.

These routines may be explicit and openly discussed among family members, or they may be "unspoken" and understood.

We are beginning our meeting on guidance and discipline with this topic of "Routines" for a simple reason: All children need consistency in their daily lives, especially children who may have only experienced chaos and uncertainty. Routines are a great example of a discipline technique that promotes positive behavior and serves to prevent problems arising from simple matters in the home, such as chores, bedtimes, homework, and so forth, between children and caregivers. It is important for you to think about your routines and what your expectations are of a child coming into your home. A child coming to live with you may have very different ideas about routines and rules.

Many children coming into kinship care have lived in families where there were few rules, routines, or set patterns of expectations for behaving. If there were rules, it probably was not uncommon for them to change frequently or unexpectedly.

Each child who enters your home—unless he or she is an infant or toddler—may have no idea what your rules, expectations, or patterns are, even though you are family to them. Even if they are coming to you from another placement, it is unlikely your rules and routines matched where they lived last. Though you may have already had a long-term relationship with the children, this may be the first time you are acting as a full time caregiver.

Children experiencing loss, separation, and the impact of family problems may not be able to "tune into" the unspoken rules and regulations of your household and may not appear to care what your reactions are to their behaviors.

Please take a few minutes to complete Resource 3: Household Routines.

3. After five minutes, reconvene the group. Divide them into triads and ask them to share their work. Allow 15 minutes for the discussion.
4. Reconvene the group and process the activity by asking the following questions.
 - *Which routines in your households were similar during the discussion? What were some reasons for*

the similarities? Which were different? What were some reasons for the differences?

- *Which of your routines did not have to be explained to the children coming into your home?*
- *For those of you caring for more than one child, are any of the routines different for different age children? If so, which ones and why?*
- *Are any of your routines different for different types of children? If so, which ones and why?*
- *Are there routines that you changed or may need to change in order to better meet the children's needs?*

Over time, our everyday routines become, in either spoken or unspoken language, the "family's rules" or expected patterns of behavior those living in the household must abide by if daily living is to go smoothly. Integrating the children into these family routines is an important part of the successful parenting experience. Children need consistency, particularly children who have suffered from loss and uncertainty. When life is predictable, children feel safe. Routines go a long way to ensuring this feeling. That's why we started this meeting by talking about routines and the simple day-to-day ways we help children to feel safe and to know what is expected of them.

C. The Purpose of Discipline

1. Ask the group to quickly express ideas about what the word "discipline" means. Expect a range of ideas such as "making a child behave," "teaching right from wrong," "grounding," or "punishing."
2. Acknowledge their responses and provide the following information, referring to any of the words or ideas the group identified.

When people are asked to think about what discipline means, they often identify words that describe it as a process, such as "teaching." Other times, people identify techniques, such as "grounding" or "punishing a child." Or you may think of discipline in terms of what you want to achieve: "changing behavior" or "teaching right from wrong."

3. Define discipline.

*The word **discipline** comes from the Latin root **discere**, which means to learn, and from the Latin word **disciplus**, which*



means pupil. A disciplinarian, therefore, is someone who teaches. A disciplined person is someone who has learned. The kinship caregiver who is a disciplinarian is a teacher and a guide who helps children learn.

4. Refer participants to **Resource 4: Goals of Effective Discipline**. Discuss discipline as a process with desired outcomes and goals.

When we think of discipline, we tend to focus on changing a child's behavior or producing a desired behavior. But the disciplinary process has many different goals. Indeed, discipline helps children deal with themselves and others, and with society in a logical way. Let's look at what we hope to achieve as the result of effective discipline.

- *Advance the child's development*
- *Meet the child's needs*
- *Teach ways to prevent and solve problems*
- *Maintain and build the caregiving relationship*
- *Help the child develop self-control and responsibility*
- *Produce the desired behavior*

D. Exploring Beliefs about Discipline

1. Note that everyone tends to have strong opinions about discipline.

Discipline can be a very hot topic to discuss. People tend to have strong ideas and values related to discipline that were influenced by their own experiences being disciplined, and their experiences raising or caring for children over time. As we continue to focus on this topic, it is important for us to explore some of our beliefs and compare these with what is now known about discipline and its impact on children.



2. Refer participants to **Resource 5: What We Know About Discipline and Rules**. Ask participants to circle "True" or "False" for each statement. Allow five minutes for the exercise.
3. Read the first statement and ask for a show of hands of those who answered "True." Likewise, ask for a show of hands for those who answered "False." Ask for volunteers to briefly discuss their positions.

4. Provide the group with the underlying principle that would support one side or the other. Repeat this process for all statements on the resource.



For each statement below, the correct answer is given and the rationale behind it. Provide the information in a strictly matter of fact way, without making those who chose incorrectly to feel criticized or put down.

Children should never break rules. (False)

An important part of child development is exploring the environment and developing autonomy, mastery, and a sense of competence. It is normal for children, for example, to exert their will and try to do things "their way." Likewise, by their very nature, children are curious, inquisitive, and questioning. Sometimes, breaking the rules is the means by which these qualities get manifested in the process of development.

Children can often learn by breaking rules. (True)

This is true in two ways. One is called experiencing "natural consequences" as a result of some action on the children's part. For example, leaving your bike outside when it should be put away may result in it being stolen, or rusting out after being rained on. The other way children can learn by breaking rules is through the imposition of "logical consequences," where the adult intervenes by letting the punishment fit the crime. Examples include not replacing a toy that was carelessly broken, or not re-warming a meal for children who come home late, or requiring children who damage something to pay for its repair.

Children who misbehave are bad. (False)

While children's behavior may be unacceptable to us as adults, we must always separate behavior from the child as a person.

Adults should set rules for children. (True)

A central principle of child rearing and child development is that children come into the world as helpless, undisciplined beings. Discipline is designed progressively, over years, promote a sense of self-discipline in children, so they can go off into the world on their own and be successful. To expect children to make and abide by their own rules is both

unrealistic and asking them to do something beyond their capacity.

Discipline should be painful to children. (False)

The word "painful" makes the answer to this statement somewhat tricky. This is, however, the point. It is important to distinguish between disciplinary techniques that "get the children's attention" and those that are so extreme in their harshness or length that they defeat the purpose and leave children resentful, angry, or estranged.

Discipline and punishment are the same thing. (False)

Discipline and punishment are not the same thing. Discipline is instilled, while punishment is imposed. Discipline is a teaching process in which children learn self-responsibility. Although punishment may stop a behavior, in and of itself it does not teach expected behaviors. In fact, punishment relies on the person with the power to control the child's behavior and implies that responsible behavior is expected only in the presence of authority figures. Discipline is a teaching/learning process that promotes a positive relationship between children and caregivers, while punishment is likely to increase avoidance and fear.

Some children have a harder time than others following rules. (True)

While this is true of all children, even those raised together in the same family with the same sets of rules and expectations, it is particularly true of children who are in need of relative care. This is due to the accumulation of life experiences they have lived in both their birth families and other placements. The discipline they have experienced may have been nonexistent, or inconsistent, or overly harsh and punitive to the point of being abusive. Coupled with this is that every child is unique, with individual personalities and temperaments.



To bring this point home, ask for a few volunteers who have raised their own children to comment on differences between their children when it came to following rules around their home.

Children who grow up with fair rules usually find it easier to follow rules. (True)

Most children will say that they expect their parents to set and enforce limits. Furthermore, there are many studies in the child development literature that substantiate the point that when discipline is carried out over time, in a consistent, non-abusive, and rationale-giving manner, it directly contributes to children's healthy development. If children understand the reasons behind a rule, even if they disagree with it, they are more likely to follow it.

Children who grow up with unfair adults often find it harder to conform to fair rules. (True)

Again, children who have experienced rules that are either non-existent, overly harsh or abusive, or inconsistent and changing from one moment to the next, have difficulty distinguishing between what is fair and in their best interest and what is not. A new set of rules or expectations for behavior may seem as unfair as others in their past.

5. Summarize the activity by emphasizing that the attitudes of the adults in helping children develop self-control, self-discipline, and positive self-esteem will greatly impact how effective one is as a disciplinarian.

Discipline is the responsibility of all caregivers. If discipline is taught and learned, it should be apparent that no one becomes a disciplined person spontaneously or over a short period of time. All learning takes time, and learning discipline is no exception. The process of learning discipline continues throughout life. Regardless of how many skills or techniques you learn, your attitude and approach to the disciplinarian role will impact whether or not your efforts are effective.

6. Lead participants in brainstorming the qualities, characteristics, or attitudes that would be important for the disciplinarian to have. Record their responses on the easel pad, and cover the points that follow.

Think for a few minutes about the qualities, characteristics, or attitudes that would be important for disciplinarians to possess in order to be effective at their job. For example, patience is a very important quality because change does not happen quickly and sometimes you have to try the same things over and over. Can you identify other qualities or characteristics that are important?

- *Determination: An effective disciplinarian cannot give up*
- *Confidence: Teaching discipline involves challenges and risk-taking*
- *Genuineness and concern: The child needs to know that the disciplinarian cares about him or her*
- *Openness: An effective disciplinarian needs to be open to different views and ideas and willing to try to understand a child's feelings*
- *Separateness: The effective disciplinarian needs to maintain enough emotional distance from the child to remain objective, allow the child to struggle and learn, avoid power struggles, and resist feeling like a failure when the child does something wrong*
- *Friendly firmness: An effective disciplinarian can set consistent limits but in a caring manner*

7. Summarize the discussion and note that discipline is very challenging and requires certain qualities, as well as knowledge and skills.

As you can see, there are a number of qualities that are critical to effective discipline. Knowledge is also very important—understanding child and adolescent development is essential. Otherwise, you would not know whether or not your discipline strategies were appropriate for a child's level of mastery. Then there are sets of skills that are important, such as effective communication. If you can't communicate with the child, then it will be impossible to explain expectations or consequences. While the other meetings in this program are not specifically about discipline, much of the information that you learn will be helpful to your role as a disciplinarian.

Discipline is very challenging. The more you understand about children, the impact of loss and trauma, and ways to build strong and positive relationships, the more effective you are likely to be as a disciplinarian.

E. Telling Our Story

1. Explain that before moving on to the next part of the meeting, it is important to recognize the experience and wealth of knowledge participants already possess in this area, since many if not all of them have already raised children. For most of them, they have been called upon to parent a second time around.

We want to take this opportunity, before we move on to the topic of discipline and behavior management techniques, to acknowledge the experience and wealth of knowledge that already exists in this room when it comes to parenting, discipline, and helping children grow into responsible youths and young adults.

2. Tell the group that you would like each of them to think for a few minutes about their prior parenting experience with their own biological children and the type of disciplinary techniques they used while these children were growing up. Refer to the easel pad where you have already prepared questions for participants to consider.

I'd like each of you to consider the following questions on the easel pad and be prepared to share your responses in small groups in a few minutes:

- *What type of discipline did I use on my own children when they were the same age as the children I am now caring for?*
 - *As I think back on it, how effective was it?*
 - *What type of discipline am I currently using on the children in my care?*
 - *How effective is it? Why or why not?*
3. Read each question slowly, pausing between each. Leave the questions visible to the group during the small group discussions.
 4. After a few minutes, ask the group to break into triads to discuss their responses to these questions. Allow 10 minutes for this sharing before reconvening the large group.
 5. Ask for volunteers to share what was discussed in the small groups. Reinforce participants' experience and knowledge of child rearing and effective disciplinary techniques. At the same time, point out differences in caring for the children the second time around. Also, look for instances that reinforce that "times have changed" and that what may have been acceptable in the past no longer is.

6. Bridge to the next activity by explaining that participants will be introduced to a variety of behavior management techniques available to help them teach children self-discipline and promote healthy child and adolescent development.

Part II: Behavior Management Techniques



00:40 Total

Purpose: To introduce a variety of behavior management techniques and to practice applying these techniques in simulations.

A. Understanding Children's Feelings and Behaviors

1. Remind participants that children coming into placement have had experiences of abuse, neglect, sexual abuse, emotional maltreatment, and/or have witnessed acts of violence, domestic violence, and other types of trauma.

Children who are in need of alternative care, through either the foster care system or through informal kinship arrangements, have often experienced abuse, neglect, sexual abuse, and emotional maltreatment. They may have witnessed all types of violence including domestic violence and street and community violence. Increasingly, the field is recognizing the impact of this trauma on children. At the beginning of this meeting, we noted that trauma impacts children and youths in three significant ways related to behavior management:

- *The emotional methods of coping that they have had to develop in order to survive*
- *The behaviors that express their feelings and needs*
- *The relationships with those around them and how they are affected by children's behaviors and emotions*

We will learn about a range of behavior management techniques, but first we need to explore how children living in kinship care may be feeling and some of the reasons why they may behave the way they do.

2. Discuss the feelings that children entering relative care may be experiencing.

We all hope that children are born into a loving, stable, and permanent family and grow up surrounded by love and a sense of belonging. Each of you has reached out to a child or several children—grandchildren, nephews, nieces, or cousins—and

offered your love and your home when it is needed. Each of you has your own unique set of circumstances that brought these children into your home.

What you all have in common, however, is that this situation was not anyone's first choice when these children came into this world. The children now in your care came to you because they could not be cared for in a way that all children deserve. In some cases, the local child welfare agency intervened due to abuse or neglect of the children. In others, you may be informally caring for children, without the state's involvement. In either case, things were not good and the children's welfare was in jeopardy.



3. Refer participants to Resource 6 and Transparency A: Common Feelings of Children in Kinship Care. Review it with the group.

This resource is adapted from the book Grandparents as Parents: A Survival Guide for Raising a Second Family, by de Toledo and Brown.¹ It is an excellent resource for relative caregivers, especially those of you who are grandparents and are raising grandchildren.

As we go through this resource, I'd like to hear from any of you regarding experiences you've had with children in your care, related to any of these feelings and how they were demonstrated by the children.

The major emotions detailed on this resource are:

- *Grief and Abandonment*
- *Guilt*
- *Anger*
- *Fear, Anxiety, and Insecurity*
- *Embarrassment*

Most children who come into kinship care suffer some part of this emotional kaleidoscope. Children need reassurance that their feelings are normal and that most other children in their situation would feel the same way. Most children, however, cannot easily verbalize their feelings. Sometimes the feelings are too overwhelming; sometimes there are just too many of

¹ de Toledo, S. & Brown, D.E. (1995). *Grandparents as Parents*. New York: The Guilford Press.

them. And most children are too young to understand what they are going through, let alone talk about it. Finally, children often act out what they cannot verbalize. They may display:

- *Eating or sleeping problems*
- *Excessive clinging*
- *Lying or stealing*
- *Defiance*
- *Behaviors that would be typical of a younger child*
- *Testing limits*

These behavior problems are usually symptoms of underlying needs. They do not indicate that a child is "bad" or ungrateful for the care and concern of the relative caregiver.

4. Discuss the phrase, "behavior as language."

A phrase that is sometimes used is "behavior as language," meaning that the child uses behavior to communicate with us. In this sense behavior can even be viewed as a gift—sometimes an unwanted gift—but a gift in that the behavior tells us "something is wrong, but I can't really talk about it." Behavior in this sense is an expression of what the child needs in his or her life.

5. Note that when you can identify what the child needs, you can then work toward other ways to get the need met.²

When you understand the meaning of behavior, you understand what motivates a person to behave in a certain way. Motivation is generally related to satisfying some sort of need. You can ask yourself, "What need is this child fulfilling by acting in this way?" If you can identify the need, then you can work toward other ways for the child to get that need met.

6. Identify the needs that motivate behavior and, using an easel pad, record each of the needs as you present the information.

*All human beings strive first to meet their **basic needs** including food, clothing, shelter, and safety. Human beings*

² Glasser, W. (1985). *Control Theory: A new explanation of how we control our lives*. New York: Harper & Row.

*also have a need to connect to one another and belong. Sometimes we behave in certain ways in order to **get attention or recognition**. We also have a need for **power** or to **control** our environment. We pursue activities that we will **enjoy**, and we value our **freedom** to do so.*

7. Tell a story to illustrate how needs can motivate behavior. Ensure that the points that follow are covered in the discussion.

Let's imagine that while you are shopping at your local supermarket, you notice a young man take several items off the shelves and place them in his pockets. You observe further that, instead of stopping at the check-out station to pay for them, he walks right out the door. What are the different reasons the young man may be behaving in this way?

- *He may have been hungry and needed food (basic needs).*
- *He may be trying to impress his friends by stealing (belonging and getting recognition).*
- *He may have wanted to get caught for doing something against the law (get attention).*
- *He may like the feeling of power that he gets when he steals (power and control).*
- *He may have been doing it to experience the excitement and fun of getting away with something (enjoyment).*

8. Note that the reason for a behavior would influence how you would choose to handle the situation.

Understanding the reason for the young man's behavior would greatly influence how you would handle the situation. If he's seeking power and control, efforts to control his behavior could actually make the behavior increase. If he's seeking attention, then drawing attention to the behavior would be rewarding. And you would certainly view the situation differently if he were actually hungry than if he were simply trying to get away with something. As you can see, there's no "one size fits all" technique for managing behavior.

9. Note that many children who have been abused and neglected feel powerless.

Victims of abuse, and people who see themselves as victims of circumstances, usually have low self-esteem and feel very powerless.

Unfortunately, the behaviors they sometimes choose in order to gain a sense of power may be at the expense of others. It is likely that a child in your care with challenging behaviors is expressing his or her need for power.

10. Summarize this part of the meeting.

The first step in managing or changing a child's behavior is to understand what motivates the behavior. Too often, we react to the behavior, without recognizing that there is a purpose behind it. The more unacceptable a behavior might be, the more we will react to it, while ignoring the underlying motive for it. When all our energy is spent trying to control or change a behavior, the child will use other behaviors to meet his or her needs.

B. Principles of Social Learning

1. Introduce the activity by explaining that before learning and practicing specific behavior management techniques, participants will first review some principles of social learning.

Before we learn and practice behavior management techniques, it is important to review some basic principles of social learning, which guide how all of us learn to function and get along in society.

2. Refer participants to **Resource 7** and **Transparency B-C: Principles of Social Learning** and review it. After each principle, ask participants what it means to them. Encourage examples from their own lives of how each principle is related to childrearing or teaching self-discipline

C. The Range of Discipline Methods and Techniques

1. Note that there are a range of behavior management and discipline techniques from which to select.

The use of behavior management and discipline techniques are designed to help children learn self-control. Our discussions of how children in kinship care may be feeling, and what needs may be motivating their behaviors, helped us see that there is no "one size fits all" approach. In fact, there are a number of factors that would influence the technique that you would select. Let's look at what some of these factors would be:

- *The situation itself (the seriousness of the situation, who was affected, the events that led up to the behavior).*



- *The children's developmental level (chronological age is not as important as how well a child understands his or her behavior, its impact on others, and consequences).*
- *The children's past history (consider how the child was disciplined in the past and the impact that different techniques are likely to have on a child—for example, sending an adolescent girl with a history of depression to her room may not be an effective disciplinary technique).*
- *What will help the children learn (consider what has worked and not worked in the past).*
- *Principles of social learning.*
- *The need that is underlying the behavior.*

2. Note that there is a great variety and range of discipline methods and techniques.

While discipline may be challenging, there are a number of discipline approaches, techniques, and methods available. We're going to look briefly at the range of techniques, and we will focus on some that may be particularly helpful.

3. Refer participants to **Resource 8** and **Transparency D: The Range of Disciplinary Techniques**, and review the three categories.

You can see that there are three major categories of techniques. However, you may also think of this as a continuum of responses. Responses starting at the top of the page hold the child most responsible for controlling behavior. As you proceed down the page, the child has less responsibility and the caregiver assumes more responsibility.

The first category is "Promoting Positive Behavior." These responses focus on relationship building and promoting positive self-esteem. "Promoting Self-Control" uses planning and preparation as a means to avoid negative behaviors. Sometimes we even fail to recognize that these first two categories are part of the discipline process. The third category "Responding to Lack of Control"—when the caregiver uses direct intervention to deal with behaviors—is most closely associated with discipline. However, it is



important to see the entire range of responses. Many caregivers point out that the more active they are at promoting positive behavior, the less they may need to respond to behavior that is out of control.

We're going to look briefly at each of the categories now and specific techniques from each.

4. Explain the first category, "Promoting Positive Behavior."

As you recall, discipline is not simply a response to negative behavior, but is a whole approach toward helping children develop self-esteem and self-control. One of the most powerful ways to do this is through promoting positive behavior. You can see that examples of promoting positive behavior include listening to children, asking questions, providing encouragement, modeling, praising desired behavior, and rewarding appropriate behavior. When these techniques are used, children are allowed to take control and responsibility for their own behavior.

5. Note the importance of promoting positive behavior rather than focusing on negative behavior.

Good communication skills are an important part of promoting positive behavior. Another focus is to build on the child's strengths and abilities. When children have a lot of behavior problems, it is often hard to see their strengths. In fact, parents can easily become preoccupied with negative behavior, letting slip valuable opportunities to recognize positive behavior. There are always opportunities to recognize positive behavior—no child exhibits bad behavior all the time.

6. Refer participants to **Resource 9** and **Transparency E: I Caught You! (Being Good!)** and note the different strategies for building on a child's strengths.

There are a number of ways to try to build on a child's strengths. A phrase we sometimes use is "I caught you—being good!" Using verbal and nonverbal praise; sharing positive feelings and smiles; rewards; and supporting and encouraging children are all means to promote positive behavior.

It is important to think about how we use these techniques. Praise must be deserved. Overuse of praise can cause children to believe that their worth depends upon the opinions of others. In addition some children feel unworthy of praise, or an older child may see it as a means to control behavior.





Let's look closer now at two techniques for promoting positive behavior-- "providing encouragement" and "planned ignoring."

7. Refer participants to **Resource 10: Providing Encouragement**.³
8. As you review each of the six techniques, only review the introduction and "Guidelines" portions of each. You will shortly have small groups working on the "Directions" portion of these resources in preparation for modeling each one before the large group.

Encouragement can sometimes be more effective than praise or reward—it implies reasonable expectations ("one step at a time"). Encouragement is given for effort or for improvement. An advantage to encouragement is that it can be used even if the child has not necessarily succeeded or totally achieved their goal. Encouragement may also be useful with children and youth who have a difficult time accepting praise.

When you use encouragement, consider the following:

- *Focus on internal evaluation—not external.*

"You must be very proud of yourself."

"How do you think you are doing?"

"What kinds of things can you do so that you will be more pleased with this?"

(rather than "I'm so proud of you.")

- *Focus on contributions and appreciation—not value judgments.*

"I appreciate the help you gave me."

"Your hard work sure did help the family."

"When you do _____, it makes my job so much easier."

(rather than "What a good boy you are!" or "What a good job you did!")

- *Focus on improvement—not winning or competition.*

"You have really been practicing hard."

³ Dinkmeyer, D. & McKay, G.D. (1976). *Systematic Training for Effective Parenting: A parent's handbook*. Circle Pines, MN: American Guidance Service, Inc.

"I can see the progress you've made."

"Being part of a team takes a lot of work and dedication. You can do it."

(rather than "I'm so proud of you for winning!" or "You're a good basketball player.")



9. Refer participants to **Resource 11: Planned Ignoring**.

Ignoring behavior is simply pretending that the behavior is not occurring. The caregiver does not look at, talk to, or respond to the child until the inappropriate behavior ends. Ignoring is particularly effective when the behavior is meant to gain attention. Attention seeking behavior continues as long as the adult responds. Ignoring provides no response and avoids encouraging negative behaviors. Young children often respond well to this technique.

There are several advantages to ignoring:

- *Ignoring puts the responsibility for altering the behavior onto the child.*
- *Ignoring gives the child time to think (whereas commands require that the child respond immediately).*
- *Ignoring allows the child to save face—there is no confrontation or win and lose. The child makes the decision to stop the behavior because continuing it no longer provides a benefit.*

Keep the following in mind to ensure that ignoring is effective:

- *Ensure that the behavior you are ignoring is appropriate to be ignored. Extreme behaviors and behaviors that are dangerous or could cause harm would not be appropriate to ignore (hitting, running away, destroying property, etc.).*
- *Ensure that you will actually be able to ignore the behavior! If the behavior is so annoying to you that you are unlikely to continue to ignore it, then don't start the process. In doing so you run the risk of actually increasing the intensity of the behavior. The child will learn that he or she must escalate the behavior in order for you to respond. If you start*

ignoring a behavior, you must be prepared to stick to your plan.

- *When you first start withholding attention, the annoying behavior will, in all likelihood, increase for a while as the child continues to try to gain your attention.*
- *Enlist others in contact with the child to also ignore the behavior.*
- *The key to ignoring is consistency. Ignoring once, and paying attention the next time, will likely increase the behavior.*
- *Recognize the child as soon as the unacceptable behavior stops. Smiling, praising, and interacting with the child will support the positive behavior.*

10. Explain the second category of disciplinary techniques, "Promoting Self-Control."

The second category of disciplinary techniques consists of those that promote self-control. These are actions that seek to use planning and preparation as a means to help organize family life and avoid situations where children act out of control. The disciplinarian is taking some responsibility for children's behavior by providing rules or a structure to help children assume control of their own behavior. At the beginning of this meeting, we looked at our family routines. Routines are one example of how we promote self-control in children.

11. Provide examples of the different techniques that can be used to promote self-control.

Other techniques that promote self-control include setting rules, stating expectations for children, developing schedules and routines for getting tasks done, preparing children for stressful situations, and modifying the environment.

Rules and expectations help guide children's decisions about behavior. Preparing for changes helps the child determine ahead of time how he or she may feel in a certain situation, and to plan strategies that do not involve acting-out behavior. Modifying the environment is as simple as putting breakables out of toddlers' reach or, with teens, ensuring that alcohol is

locked up (or not in the home). As you can see, these techniques are aimed at preventing behavior problems.

We have already looked at the use of routines to establish expectations. Let's look specifically at the techniques of "Rules" and "Grandma's Law."



12. Refer participants to **Resource 12: Rules.**

Rules are an effective means to convey our expectations. Rules provide a clear statement about what is expected in a situation or behaviors that we do not want to see. Rules help children to learn right from wrong and are useful in helping to prevent problems from happening. And finally, rules make the world feel safe and predictable for children.

Keep the following in mind to ensure that rules are effective:

- *Prioritize and establish a few rules that are most important to the well-being and safety of the family. Too many rules can be overwhelming.*
- *Involve family members in setting rules.*
- *Make sure children understand the reasons for the rule. Remember that discipline is about learning.*
- *Make sure the rule addresses the issue it is meant to address. (Consider the rule "Take no candy from a stranger" and whether or not such a rule truly addresses your concern.)*
- *Make sure children understand exceptions to the rule. ("Don't interrupt" is a fine rule—except when there is a safety issue involved.)*
- *Make rules positive and action oriented—save "DON'T" for specific safety situations. Children respond to action—not inaction. "Put your bike in the garage" is more effective than "Don't leave your bike in the driveway."*
- *Ensure the rule is appropriate to the child's developmental level and "grows" with the child.*



- *Only make rules that you know you can enforce. Limiting television and video games may be an admirable goal—but you must be prepared to deal with the consequences. It may be better to allow undesirable behaviors to continue than to establish a rule that you then ignore.*

13. Review Resource 13: Grandma's Law.

Grandma's Law is named for the white-haired lady of folk wisdom who told her grandchildren, "You can have some pie after you eat your vegetables." Essentially, it involves requiring the children to do something they would rather avoid as a condition for doing something he or she likes.

The key to using this technique is that the privilege being held back is something either the children want to do or were planning to do.

Grandma's Law works best when you speak in a friendly, positive, and enthusiastic way: "Let's get those blocks picked up so we can go to the playground." Consider how different it sounds to say, "If you don't pick up those blocks, I won't take you to the playground."

14. Explain the third category of disciplinary techniques, "Responding to Lack of Self-Control."

The third category is responding to lack of self-control. It includes disciplinary techniques that address situations in which the child is not able to use self control. In these situations, the disciplinarian is assuming primary responsibility for the child's behavior.

Examples of techniques that can be used to respond to a lack of self-control include establishing consequences for behavior, exploring alternatives, making commands or requests to modify behavior, removing the child from the situation, and time out. Now we'll explore in more detail the techniques of using "natural and logical consequences" and "time out."

15. Review Resource 14: Natural and Logical Consequences.

Natural and logical consequences are effective ways to intervene while maintaining respect for the child's ability to make decisions. Consequences rely to some degree on the natural order of life itself to teach lessons about the world.



Consequences promote an understanding of how the world operates in relation to how a person behaves.

Natural consequences happen in response to a behavior and are often the result of rules of nature. You leave the bike in the rain and it will rust. When a child refuses to eat dinner, he will get hungry before bedtime. Natural consequences are particularly effective (especially with adolescents) because the adult is not imposing the consequences. A disadvantage is that they often take a long time to work. And sometimes the consequence is too severe—smoking in the bedroom may well lead to fire—but you probably don't want to test that out.

Logical consequences require that the caregiver impose a consequence for a given behavior. The consequence relates to the behavior that is not acceptable. For example, if the child leaves the bike in the driveway, his bike riding is restricted.

***Restitution** is an example of a logical consequence. If the child destroys property, he must work to pay for the damage.*

***Removing a privilege** may also be a way of providing logical consequences. For example, if the child smokes in the bedroom, he no longer has the privilege of closing the door.*

In order for natural and logical consequences to be effective, keep the following in mind:

- *When you use natural consequences, be sure the consequences are not too severe or place the child in any danger.*
- *On the other hand, it is important that the consequences have some effect or meaning for the child. If the child leaves his or her toys outside and they are ruined—but the child has many other toys and doesn't care—then the consequence serves no purpose.*
- *Change takes time. It is not instant. You may want to jump in and "save" the child from experiencing consequences.*
- *Let the child make the choice. A child may choose to experience a consequence. Remember that this is a learning experience for the child. It is through making choices that the child will learn.*



16. Review Resource 15: Time Out.

Time out involves physically removing a child from a situation that is dangerous and/or a situation where the child is exhibiting behavior that is not acceptable. Time out is one of the most misunderstood forms of discipline. The purpose is to allow the child to reestablish self-control, to end unacceptable behavior, and to give the child an opportunity to consider the behavior and its impact.

Time out should not be a punishment. However, it is one of the most intrusive and reactive methods of discipline. It should be used when you have determined that the child is truly not in control. You are, in effect, taking control for the child, and then allowing the child to take it back. If you use time out too soon, you do not allow the child to handle or divert frustration and anger on his or her own. Time out also provides you—the caregiver—an opportunity to gain control of your feelings.

Consider the following guidelines in helping you to use time out:

- *Take time to gain your composure and self-control.*
- *Give the child an opportunity to change the behavior.*
- *If these efforts fail, tell the child where to go for a time out. The spot should be free of stimulation and removed from the activities of the household.*
- *Tell the child how long the time out will be, but explain that you will only begin timing when he or she becomes quiet. A rule of thumb is that time out needs to be the same number of minutes as the age of the child (developmental age—not necessarily chronological age). But keep in mind that for some children this may be too long.*
- *Ignore the child's behavior while in time out. If the child gets up, calmly place or guide the child back to the chair, explaining you will start the timer again. This may occur repeatedly. Respond to this calmly and matter of factly.*
- *Once the time out is over, simply note to the child that he or she is in control again, and therefore may go play. But do not reward the child. After a*

difficult time out you may feel guilty, but don't confuse the child now by offering special rewards.

- *After a period of time has passed, process or talk to the child about what happened. Help and guide them to learn from the experience.*

17. Explain that participants will get more in-depth experience with these six behavior management techniques by completing them in small groups and enacting their work in front of the large group, in a fishbowl practice activity.
18. Tell the dyads that they will have 20 minutes to work through the directions on their resource and develop a scenario they could enact before the large group depicting the use of their assigned technique between a relative caregiver and child of a specific age.

Now that we have reviewed each of the six behavior management techniques from the three categories, we want to explore each one more fully and actually see them "in action." Your assignment is to work through the directions on your assigned technique, which will give you guidelines for actually using the technique in real life when caring for children. Following this, you are to develop a scenario in which you will demonstrate the use of the technique, with one of you in the role of caregiver, the other playing the role of the child of a certain age, and the other offering assistance and making observations.

19. After 20 minutes, reconvene the large group and ask for volunteers to demonstrate their technique.



If possible, the demonstrations should take place in a fishbowl fashion, with each group enacting their role play in the middle of the room or at the front of the room, allowing optimal viewing for the large group. Also, have them remain in this spot while each demonstration is processed.

20. Following each demonstration, process using the resource related to the technique just portrayed. Probe for areas within each role play where points in the resource were observed as part of each demonstration, so participants gain a fuller understanding of all the elements of using each behavior management technique.

21. Summarize the session by emphasizing the importance of having a variety of behavioral management techniques at participants' disposal and using them in the context of the unique background and temperament of the individual child coming into their care in the future.

Part III: Behavior Management Considerations for Children in Kinship Care



00:55 Total

Purpose To review emotional issues and accompanying behavior problems and ways caregivers can respond. Also, the use of physical discipline will be addressed, and agency policy regarding its use will be presented. Situations a caregiver may encounter that require outside intervention will be outlined.

A. The Impact of Physical Discipline on Children who have been Maltreated

1. Explain that the use of physical punishment is both widespread and an acceptable form of discipline in society.

Many parents, including many of us in this room, have, at some point in our lives, felt that physical punishment of our children – in other words, spanking, swatting, smacking, pinching or otherwise intentionally inflicting physical pain in order to immediately stop a behavior – was the only way to effectively make them stop acting a certain way.

2. Engage the group in a discussion of how physical discipline can sometimes be effective. List their responses on an easel pad. If the following points are included in the responses, add them to the list.

Let's list why we think that physically disciplining children can be an effective form of stopping a behavior.

- *It immediately gets the children's attention and stops the behavior, at least for a while.*
- *It makes parents feel better because they have a way to express their anger.*
- *Children know the parent is genuinely angry.*
- *Spanking is just one small part of discipline and is received by children in the context of a close, loving relationship.*
- *Many parents were raised with physical punishment and turned out to be healthy, happy, and productive.*



3. Now state the problems using these methods with children who have been sexually or physically abused or neglected. Refer participants to **Resource 16: Side Effects of Physical Punishment.**

By now, you are all aware of the variety of circumstances that warrant children and youth coming into foster family or kinship care. For these children, let us examine the side effects of physical punishment being used on them:

Children who have been physically abused usually respond to physical punishment in one of the following ways:

- *They are so used to being physically and emotionally hurt that they do not "feel" the pain. Therefore, they have to be hit or spanked harder to feel any effects.*
 - *They may find pleasure or relief in getting the spanking, because it is the only way they have learned to get attention. Therefore, they will work harder to get their new parents to show attention the same way that their birth parents showed attention.*
 - *Physical punishment models aggressive behavior. It teaches children that the method a bigger person can use to stop the behavior of a smaller person is to use physical force. We do not often see an adult use physical discipline with a child bigger than the adult. Likewise, we do not often see a smaller child hitting a bigger child.*
 - *Physical punishment teaches children what not to do instead of what to do.*
 - *Physical punishment hurts children, and children who need foster care already have been hurt enough. For children who have been abused, spanking or smacking can be terribly damaging. First, you are bringing them right back to a place in their memory where they were the victim of abuse; secondly, your actions demonstrate you are no different from other adults who have harmed them in the past.*
4. Summarize the discussion by emphasizing the benefits of using alternatives to physical discipline for relative caregivers.

Using the techniques we have been learning and practicing in this session have two important benefits as alternatives to using physical discipline:

- *First, the risk of additional hurt to the children is minimized*
- *Second, they help break the cycle of intergenerational physical abuse of children by adult caretakers*

5. Conclude by stating that the information just presented concerning the effects of physical discipline of children are the reason this technique is not allowed on children under the supervision of child welfare agencies under any circumstances in this country and why it is discouraged for children in informal relative placements, as well.

We hope that these reasons for not using physical discipline with the children you are caring for are convincing in and of themselves. The reality is that there is a big difference between discipline and abuse. Today, we as a society are more in tune with the differences; what was done to some of us by our parents may not be acceptable any longer in the eyes of the community and the child welfare system. Discipline teaches respect for others; abuse teaches fear.

6. Discuss the disciplinary policy of the child welfare agency. For participants being licensed or certified as foster parents, this document should be signed and become part of the case record. Emphasize that the use of physical punishment is not allowed when families become certified or licensed for foster care.
7. State that the next part of the session will look at steps to take to manage crisis situations and de-escalate problem behaviors.

As you can see, there are many things to consider when looking at behavior management strategies and children who have been abused, neglected, and suffered multiple separations and losses. You may feel we are asking you to totally re-examine your approach to discipline. In many ways you are right. We do believe that managing the behavior of children in kinship care is different from managing the behavior of your own child. This may be due to the impact of post-trauma and how we approach discipline, and to our belief that physical discipline for children who have been abused or neglected must be strictly avoided. Now, we will turn to another way that

behavior management may differ with these children and youth—the area of crisis management.

Chances are you have not really considered crisis management as part of your discipline process. But with children and youth who may have suffered in ways not immediately apparent to any us while in the care of their biological parents, this may be necessary. Certainly all situations will not result in crises, and all children will not exhibit horrendous behavior challenges. But the possibility is there. It is our job to prepare you as well as possible. One way we can prepare you is to help you understand steps you can take to avoid a crisis or de-escalate out-of-control behavior.



B. De-escalation Strategies and Skills

- 1. Refer participants to Resource 17: De-Escalation Skills and Strategies and Review.**

Preventative:

Know that change represents stress to children. In periods of change, build extra structure into children's routine and plan to spend additional one-on-one time with them.

Identify situations and periods that are most stressful to the children. Use structure, activities, talking, or the use of "safe space" to assist them.

When the chaos of the house becomes overwhelming, use "safe space" and/or separate the children from the chaos.

Be alert to signs that behavior among children is escalating. Separate children to calm the situation.

Work to create a safe and calm environment in times of stress. Turn the television off. Play soothing music. Lower the lights. Speak in a calm and soothing voice.

Assure children of safety.

De-escalating the Crisis:

Avoid a battle. This is not a question of authority. This is an emotionally disturbed child whose behavior is out of control. Now is not the time to prove who's in charge.

Appear calm and controlled. When children sense that a caregiver is out of control, this escalates their anxiety and thus their behavior.

Allow time and listen. Acknowledge the anger.

Allow the children their personal space. Do not move in quickly. Do not touch.

Set limits calmly, firmly, and with an expectation that the children will obey.

Ask the children what would help them to feel better.

When children are yelling, try not to yell over them. Wait until there is a break.

Do not demand the children to make eye contact. Do not maintain eye contact with children for long periods of time.

Try to negotiate easy ways for the children to save face.

C. Dealing with Dangerous Behaviors in Kinship Care

1. Note that the group will now outline situations a caregiver may encounter that require outside intervention by specially trained professionals.

It would be naïve to think that the behavior management techniques and a review of de-escalation strategies covered in this session would always be effective in every possible situation a caregiver may encounter in dealing with children or adolescents. There are simply some behaviors that are so serious or dangerous that outside help, or intervention, is required by specially trained personnel.

It is important, as you recognize extreme behavior problems or potentially unsafe or dangerous behaviors, that you identify these to the social worker and request a special evaluation. Some children have emotional disturbances that may require ongoing psychiatric monitoring and medication.

In very rare circumstances, it may be necessary to summon outside help immediately in order to protect the children, yourself, and your family.

2. Ask the participants to brainstorm a list of extremely serious or dangerous behaviors the children or adolescents in their care may engage in that would necessitate outside help,



The list should include such behaviors as:

- Suicidal gestures or self-mutilation
- Property damage that puts the children or others around them in physical danger, or is prolonged and escalating, rather than a single, isolated act
- Physical assault of others
- Running away
- Other situations as determined by policy and procedure by the local or state child welfare agency

3. Refer to **Resource 18: Dealing with Dangerous Behaviors**. Review it and answer any questions from participants based on departmental policy and procedure in this area.

This resource needs to be developed in advance based on policy/procedures drawn up by the state or local agency.

4. Summarize this part of the session by reminding the group that the techniques covered in this meeting can prove useful as ways in which they can help children learn to control their own behavior. However, the techniques should be used in the context of a caring, nurturing, and supportive relationship with the children. Display **Transparency F: Anonymous Quote**

I would like to leave you with the following anonymous quote that should, hopefully, be the foundation from which we try to help children and adolescents develop a sense of self-discipline and responsible behavior:

Children don't care how much we know

Until they know how much we care...

Many children, even those who may have been abandoned or abused, thrive under the care of grandparents, uncles, aunts, cousins and other extended family members. As an example of this, a 1992 study of 51 grandchildren being raised by grandparents found that the majority were making normal adjustments after living in their grandparents' home for an average of four years. A smaller follow-up study two years later surveyed the grandchildren's teachers for a second opinion. The teachers agreed: The children were still



adjusting well. According to the researchers, the single biggest variable for these conditions rested in the quality of the grandparent-grandchild relationship. Said one researcher, "These kids are at high risk for emotional problems. The fact that they aren't suffering those problems shows how resilient kids are. And what a good job a lot of grandparents are doing raising grandchildren." ⁴

5. Bridge to the last part of this meeting by reminding participants that, as with all sessions in this series, it will conclude with a Caring in Action plan.

⁴ de Toledo, S. & Brown, D.E. *Grandparents as Parents*.

Part IV: Caring in Action



00:30 Total

Purpose: To apply what was presented in this meeting to each participant's own unique caregiving situation and to develop an action plan each can implement in the area of guidance and discipline.

A. What This Means for My Family

1. Tell the group that before ending the meeting, it is important for each participant to be able to apply some of what was presented to their own caregiving situation.
2. Ask the group to return to the small groups they have been working in. Each group member is to choose one child they are caring for in their home at the present time and review the techniques from this meeting.

We have spent time reviewing and practicing a variety of disciplinary methods in this meeting. Not all of them are relevant to each of you, of course, due to the age, temperament, past history and developmental level of the children in your home.

However, if you are caring for a child with language ability, above the age of an infant, you should be able to find at least one technique that can be effective in promoting responsible behaviors.

3. Introduce **Resource 19: Caring in Action: Re-thinking Discipline**. Ask each participant, in small groups, to choose at least one behavior management technique they feel they can use at home, the reasons they believe it is the best choice, and what help, if any, they would need to implement it successfully.
4. Allow the groups 10 minutes to discuss their choices. After 10 minutes, reconvene the large group and ask for volunteers to share which technique they chose and why.

B. The Important Role of Teamwork

1. Remind participants that for those involved with a child welfare agency, they are not alone but are part of a team committed to the highest quality of care for that child.



2. Ask the group how the agency could help in the area of guidance and discipline for the children under their care. Record these responses on an easel pad.

Responses may likely include:

- The worker can listen to the concerns a caregiver may have about the children's behavior and offer advice or suggestions on ways to handle certain situations.
- The agency can assist by making referrals to specialists in the community like counseling centers, after school programs, etc.
- The children's case plan can include behavioral plans and interventions as needed.
- The agency can work toward resolution of the uncertainty of the children's living situation in their efforts to ensure permanence.

3. Summarize the importance of teamwork.

It is important that those of you involved with a child welfare agency use the agency to help you with the challenges you face in caring for the children in your home. It is a team effort, and the worker can provide valuable support and assistance to you in dealing with not just the children's behavior, but with other needs that you will encounter as a caregiver.

4. Address questions or issues concerning the assessment, licensure or certification process at this point, and transition to the closing remarks.

Part V: Closing Remarks



00:15 Total

Purpose: To end the session on a positive, affirming note.

A. Celebration of Caring

1. Direct participants to **Resource 20: Celebration of Caring**. Read the vignette on the resource aloud, or ask a participant (who has agreed ahead of time) to read it. Invite any comments about the story.

B. End the Session

1. Remind participants of the date and time of the next session, and of the session topic.
2. Remind participants to bring their Caring in Action books back to the next session
3. End the session.

Thanks for joining us to talk about the disciplinary needs of children. Each of you is making a difference by helping children providing the guidance and discipline that is necessary for successful progress through the varying developmental stages. We look forward to seeing you at our next session.





Meeting Six: Maintaining Family Connections

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A Tradition of Caring

Maintaining Family Connections

Maintaining Family Connections

Agenda

Part I: Welcome and Caring in Action Discussion

- A. Welcome and Review of Outcomes, Session Goals, and Session Objectives
- B. Caring in Action Follow-Up

Part II: Telling Our Story

- A. My Child's Family Circles

Part III: Separation Does Not Mean Goodbye: The Importance of Ongoing Connections for Children in Kinship Care

- A. Information That Helps
- B. What This Means for My Family
- C. Caring In Action

Part IV: The Caregiver's Changing Connections

- A. Information That Helps
- B. What This Means for My Family
- C. Caring In Action

Part V: The Role of the Child Welfare Agency in Supporting Family Connections

- A. Understanding the Agency's Role
- B. Making Connections with Assessment, Licensing, or Certification

LEGEND	 = Carebook Resource	 = Trainer's Note	 = Easel/ Easel Pad	 = Individual Activity
 = Transparency Used	 = Important to the Child Welfare process	 = Time Length	 = Group Activity	
Italics = Facilitator's speech				

Part VI: Closing Remarks

- A. Celebration of Caring
- B. End the Session

Resources, Transparencies, and Materials

Resources

- Resource 1: Meeting Goals and Objectives
- Resource 2: Agenda
- Resource 3: My Child's Family Circles
- Resource 4: Understanding My Child's Family Circles
- Resource 5: Caring in Action, Part I
- Resource 6: My Family Circles
- Resource 7: Caring in Action, Part II
- Resource 8: When the Agency is Involved...
- Resource 9: Celebration of Caring

Transparencies

- Transparency A: Families Provide...
- Transparency B: Importance of Family Connections
- Transparency C: Changing Family Relationships

Materials

- Refreshments
- Easel and easel pad
- Markers
- Overhead projector and screen or LCD projector and screen

Part I: Welcome and Caring in Action Discussion



00:15 Total

Purpose: To review the outcomes, goals, and objectives of this meeting and to share experiences, successes, questions, and concerns related to implementing Caring in Action Plans.

A. Welcome and Review of Outcomes, Session Goals, and Session Objectives

1. Welcome participants.

Welcome back to our group. Thanks for making this a priority in your busy lives. In this session, we will be talking about the importance of family connections, both for the children in your homes, and for yourselves as well. It's an important topic, and we hope this will be time well spent.

Please place your name tents in front of you. If you've forgotten yours, we have materials here to make another.

2. Discuss the topic of the meeting and connect it to the kinship care outcomes.

The title of this session is "Maintaining Family Connections." This is one of two meetings that deal with changes that kinship care often creates in families. Two of the desired outcomes for this program are: "children in kinship care will be given support for their relationships with their families" and "children will be connected with safe, nurturing relationships intended to last a lifetime." We will be focusing on the importance of ongoing family relationships for the children in your care and also for yourselves.

3. Direct attention to **Resource 1: Meeting Goals And Objectives.**

This resource lists the goals and objectives of this session. Let's take a few minutes to review what we hope to accomplish.

4. Have a participant read the goals and objectives aloud, or pause while they are read silently. Ask for questions or comments, and move to the agenda.

5. Direct attention to **Resource 2: Agenda.**



This session is focused on family relationships. We'll be using a "family circle" diagram to illustrate and help us think about connections between ourselves, the children in our care, and other family members. We'll begin with an activity called "My Child's Family Circles." Here, we will be looking at connections the children in our care have with various members of their families, including their parents and extended family members.

We'll discuss the importance of ongoing family connections for children who are separated from their parents, and some of the challenges that preserving these connections might pose for you as caregivers. You will think about your own family connections and how the kinship care experience might have changed these relationships. As you identify needs relating to the topics we discuss, you will also develop an action plan for addressing those needs.

For those working with a child welfare agency, we'll also examine the role and authority of the agency in supporting family connections.

Any questions before we begin?

B. Caring-in Action Follow-Up

1. Introduce the activity.

At our last session each of you developed a plan for addressing some of the needs you identified for your family relating to kinship care. Do any of you have experiences you'd like to share? Any successes, frustrations, or suggestions for others in the group?

- 2. Facilitate a group discussion pertaining to experiences in implementing the Caring In Action plans. Sharing should be voluntary. Verbally reinforce group members' attempts to follow through with items on their action plans. Keep this discussion positive in tone and assist participants in reframing.**
- 3. Transition to Part II of the session.**

Part II: Telling Our Story



00:25 Total

Purpose: To examine connections between children in kinship care and others in their extended family systems.

A. My Child's Family Circles

1. Introduce the activity and direct attention to **Resource 3: My Child's Family Circles**.

*We're going to begin by creating a diagram that tells a story about family connections for some of the children in your kinship homes. Please refer to **Resource 3: My Child's Family Circles**. If you have more than one child in your care, choose just one child for this activity. You might want to create Family Circles for any other children in your care as a follow-up "homework" activity.*

If the group is being conducted in conjunction with assessment for foster care licensure or certification, participants should be instructed to create Circles of Caring for all children placed in the kinship home.

2. Provide instructions for the activity.

First, write the name or initials of the child you are thinking about in the circle in the center of the page.

Now, we'll place other circles on the page. Each circle represents a family relationship. For now, we will just identify members of the child's family, even if there is no ongoing contact between the child and some of the people identified. If you do not know the names of some of the child's family members, put a question mark in the circle.

Circles on the left side of the page will represent people on the child's father's side of the family. Draw a circle under "father" and write the child's father's name or initials inside the circle. Continue with other members of father's side of the family by placing names or initials in circles drawn under

"paternal grandparents." Now add aunts, uncles, or cousins on the father's side of the family.

The right side of the page will represent people on the child's mother's side of the family. Draw a circle under "mother" and write the mother's name or initials. Continue with other members of mother's side of the family by placing names or initials in circles drawn under "maternal grandparents." Now add aunts, uncles, or cousins on the mother's side of the family.

At the top of the page, draw circles for any brothers or sisters, including half or stepsiblings, of the child.

Look at the circles you have drawn and labeled. Have any of the child's family members been missed? Are there people connected to the child who are not biological family but should be included in the family circles? If so, add these people at the bottom of the diagram under "others."

Now you will diagram the kind of connections the child has to each of those listed in the family circles. Connections between the child and those represented by the circles will be indicated by drawing a line between the two circles. A heavy, straight line indicates a strong, positive relationship. A dotted line indicates a weak or distant relationship. A line with slashes represents a relationship that is stressful or problematic.

How connected is the child to the father? Draw a line from the "child" circle to the "father" circle. If a strong relationship exists and there is an ongoing positive connection between the two, draw a heavy straight line. If there is a weak relationship with insignificant or infrequent interaction, draw a dotted line. If the connection is troubled or stressful, draw a straight line and add slashes. If there is no connection whatsoever, do not draw any line between the two.

Move to the "paternal grandparent" circles. Draw lines from the child to the grandparents to represent the kind of relationships being illustrated—a solid line for a strong, positive relationship, a dotted line for a weak relationship, and a slashed line for a stressful or negative relationship.

Continue drawing lines from the child to others represented by the circles on the page. When you are finished, look at the diagram you have created and think about the story it tells. Feel free to make notes at the bottom of the page.

3. Allow several minutes for participants to complete their diagrams.



4. Facilitate a large group discussion after most participants have completed their charts and have had a few minutes to reflect. Ask if anyone would like to share the “story” illustrated by his or her diagram. Guide the sharing to include information concerning the nature and quality of the children’s connections with members of their family. Some of the following themes might emerge:

- The child’s connections with his or her parents usually change dramatically in a kinship care situation.
- The child’s connections with members of the “other” side of the family might be stressed or weak. For example, if placed with a maternal grandmother, the child might lose contact with the father’s side of the family.
- Connections between children and their siblings can be difficult to maintain when they are separated and placed with various relatives.

Part III: Separation Does Not Mean Goodbye: The Importance of Ongoing Family Connections for Children in Kinship Care



00:45 Total

Purpose: To examine the importance of ongoing connections between children in kinship care and their parents and other family members.

A. Information that Helps

1. Introduce the importance of families to children.

As kinship caregivers, you recognize how important families are. A big reason that you give your all to the children in your care is to keep them with family—to preserve the family circles we talked about a few minutes ago.

Let's think about family in a broad sense. Not just your own families, but family in general. Why are families so important? What do children receive from their families that they cannot easily receive from other sources?

2. Encourage responses from the group. Use the easel pad to record responses.
3. Display **Transparency A: Families Provide....** Cover the following points:

- *Families provide children with a sense of personal identity*
- *Cultural and ethnic identity comes from families*
- *Families provide a sense of history, continuity, or "roots"*
- *Children's self-esteem and ability to attach can be greatly influenced by early family experiences*
- *Morals or values are usually instilled at an early age by families*
- *Children usually learn about parenting from their own parents*

4. Discuss the importance of extended family to children.



You've all heard the saying "it takes a village to raise a child." For many children, that "village" is family—parents, siblings, grandparents, aunts, uncles, cousins, or others who might not be related by blood, but who relate to the child as family. Children in kinship care have, for one reason or another, been separated from their parents. This can make it even more important to help them maintain other family connections. It is often the responsibility of the caregiver to advocate for and nurture relationships between children in their care and other members of their families and extended families. This can be difficult and frustrating for the caregiver at times. However, it is usually in the best interest of the child. Let's look at some of the reasons this is important.



5. Display **Transparency B: The Importance of Family Connections**. Make the following points:

- *Most children want to be connected with their parents and other family members. Even children who have been abandoned, neglected, or abused usually love their parents deeply.*
- *When children know both sides of their family, they have a better sense of themselves.*
- *When children have been separated from parents, they have lost significant role models. Other family members can serve as surrogate mothers or fathers.*
- *Sibling relationships have the potential to be the closest and most enduring of human connections.*

B. What This Means for My Family

1. Ask participants to consider family connections for the children in their care.

Let's spend a few minutes thinking about family connections for the children in your care. Which relationships have been maintained? Have any disconnections occurred?

2. Refer participants to **Resource 3: My Child's Family Circles**, and **Resource 4: Understanding My Child's Family Circles**.

Take out the diagram you drew at the beginning of this session called My Child's Family Circles. This is Resource 3. We will be using this diagram, along with Resource 4: Understanding My Child's Family Circles for this portion of the activity.



Take a few minutes to examine the Family Circles diagram you drew. Then, answer the questions on the discussion sheet.

3. Allow approximately 10 minutes for this portion of the activity. When participants are finished, divide the group into pairs and instruct them to share their findings. If the group has an uneven number of participants, form one threesome. Allow approximately five minutes for each participant pair to discuss their findings, informing them when time is half over.
4. Conclude the exercise with a large group discussion. Ask the following questions:
 - *What are some things you found that you had in common with your partner?*
 - *Where did most of the weak or problematic connections in family relationships occur?*
 - *Did you identify any needs for connecting or re-connecting the children in your care with others in their family circles?*

C. Caring in Action

1. Refer participants to **Resource 5: Caring In Action, Part I**.
2. Instruct participants to use information and insights gained from the recent activity to formulate a plan to address any needs identified.

Please turn to Resource 5: Caring in Action, Part I.



Part IV: The Caregiver's Changing Connections



00:35 Total

Purpose: To address the need for kinship caregivers to maintain their own family connections and identify the challenges this can pose as family relationships shift and change as a result of the kinship experience.

A. Information That Helps

1. Discuss how the kinship experience might impact or change family relationships for the kinship caregiver.

We've spent time talking about children's need for ongoing family connections. Caregivers need to stay connected with family and extended family as well. By it's very nature, becoming a kinship caregiver changes some family relationships. The caregiver takes on a parental role with children who cannot live with a biological mother or father. What are some other changes in family relationships that might occur as a result of the kinship experience?



2. Display **Transparency C: Changing Family Relationships**. Cover the following points:

- *Caregivers might lose their former roles with children in their care. For example, a grandmother who is providing daily care and discipline for a child becomes a parental figure. The traditional role of the grandmother who is able to "spoil" her grandchild has changed.*
- *Relationships between caregivers and parents of children in kinship care often change. Sometimes the parent is jealous and resentful of the role of the kinship caregiver.*
- *If neglect or abuse has occurred, the caregiver must sometimes limit contact with the biological parent to ensure child safety. This impacts relationships between caregivers and the child's parents (often the caregiver's own child), as well as relationships between the children and their parents.*

- *Relationships between children in kinship families and their parents change. The parent is no longer the primary parental figure. Sometimes the child takes out anger toward the parent on the caregiver. At other times, the child blames the caregiver for the fact that he or she has been separated from the parent.*
- *Relationships between caregivers and their children, grandchildren, siblings, or other family members often change. Other children in the family may feel slighted because of the time and energy given to the child in kinship care by the caregiver.*

B. What This Means for My Family

1. Refer participants to **Resource 6: My Family Circles**. Ask them to fill in the circles to illustrate their current family connections after assuming the role of kinship caregiver. Allow approximately 5 minutes for participants to create their diagrams.

Please turn to Resource 6: My Family Circles. We will use the same process for illustrating our own family connections that we used earlier in the session for the children in our care. Write your name or initials in the center circle, and then add circles for other family members under the appropriate headings. Finally, show the status of connections represented in the circles by drawing continuous, heavy lines between your circle and those with whom you have strong, supportive connections. Draw broken lines between your circle and those with whom you have relationships that are weak. Draw a slashed line to indicate relationships that are stressful, or plagued with conflict. If there is no connection whatsoever, do not draw a line between the two circles.

2. Divide participants into pairs. Instruct them to review their family circle diagrams, then discuss the questions on the lower portion of **Resource 6: My Family Circles**. Allow approximately 10 minutes for each pair to discuss their findings. Inform them when time is half over.

C. Caring In Action

1. Refer participants to **Resource 7: Caring in Action, Part II**. Instruct them to use information and insights gained from the recent activity to formulate a plan to address any needs identified.





Let's take a few minutes to use any insights we've gained from this activity to create a plan for addressing any needs identified. Turn to Resource 7: Caring in Action, Part II. Take about five minutes to list any needs.

Part V: The Role of the Child Welfare Agency in Supporting Family Connections



00:45 Total

Purpose: To describe the role and authority of the child welfare agency in determining the type and amount of contact allowed between children associated with the agency and parents, extended family members, or caregivers. To address ways that the child welfare team can assist the kinship caregiver in helping maintain family connections. To describe how the content of this meeting addresses agency foster care and assessment and licensing or certification requirements.



This segment applies most directly to kinship situations in which the child welfare agency has intervened due to child neglect, abuse, or abandonment. If the group is composed primarily of caregivers who are affiliated directly with the child welfare agency, the segment might be expanded to 45 minutes. If the group consists primarily of caregivers who are not affiliated with the child welfare agency, it might be shortened to 15 minutes.

A. Understanding the Agency's Role

1. Discuss the role of the child welfare agency in decision-making and monitoring regarding contact between children associated with the agency and offending parents or caregivers.

Another factor that can influence kinship family connections is intervention by the child welfare agency. In some cases the agency has assumed legal custody of children due to a parent's life circumstances, or abusive or neglectful behavior. In other cases, the agency might be providing services at the request of the kinship caregiver. In some situations, the agency has placed the children with the kinship caregiver as an alternative to foster care. When the child welfare agency is involved, they are part of the care team for the child or children. If the agency holds legal custody of the children, it also assumes ultimate authority in planning and decision-making for the children. The case plan sets the course of action in planning for the best interest of the children. This offers support for the kinship

family, but also might impose some restrictions in terms of autonomy and decision-making.



1. Facilitate an exercise to help participants consider some of the ramifications of involvement by the child welfare agency. Refer participants to **Resource 8: When the Agency is Involved**.

Please turn to Resource 8: When the Agency is Involved. We will be discussing several scenarios depicting situations sometimes faced by kinship families who are involved with the child welfare agency. Each table will discuss one scenario, using the questions on page one of the Resource to guide the discussion. Please choose one person in each group to take notes and report your findings back to the large group at the end of the activity.

2. Assign one scenario to each table of participants. Allow approximately 15 minutes for small groups to discuss the scenario and respond to the questions on the worksheet.
3. Facilitate a large group discussion regarding the scenarios. Make the following points:

Scenario 1

The social worker should be consulted unless Mrs. Bell has been given authority by the agency to make decisions regarding visits between the child and others.

The concern is whether the child would be at physical or emotional risk if she were allowed to visit.

If Mrs. Bell feels that it is in her grandchild's best interest to visit with her paternal grandmother, she should discuss this possibility with the social worker. A plan to ensure the child's safety will need to be agreed upon by everyone involved, including Mrs. Jones.

Scenario 2

If the Child Welfare Department holds legal custody of Jamal, the Campbells must consult with the social worker before allowing the visit. If the adoption is still under supervision, it might pose a problem to allow Jamal to travel out of the state.

Of primary concern is Jamal's best interest. Would he benefit from the visit? Might it be too soon after losing his parents for him to travel away from his caregivers? What is Jamal's

relationship with Jamie like? How responsible is Jamie's caregiver?

Contact between Jamal and Jamie is probably needed. Perhaps since Jamie is older, she could make the trip to see Jamal. Other types of contact should also be encouraged, such as calls and letters.

Scenario 3

Sarah Cummings should contact Natalie's social worker to inform her about this situation.

Concerns include whether Natalie should be allowed to visit with Sherry when she appears to be intoxicated, and whether Natalie is drinking habitually. Of primary concern is Natalie's ability to safely parent Sherry.

Sarah might choose to either closely supervise the visit or send Natalie away until she appears sober. Sherry should not be allowed in the car with Natalie if she appears to be intoxicated. Natalie must be confronted regarding her behavior. The social worker and Sarah Cummings might meet with Natalie to discuss the concerns.

Scenario 4

The social worker must be consulted prior to allowing contact between the children and their father.

The concern is the emotional and physical safety of the children. A secondary concern is the relationship between the Cooks and their son.

The Cooks should tell their son that he cannot see the children unless permission for contact is granted by the court or by the child welfare agency. They should explain the situation to the children as honestly as possible. If the Cooks believe that the children need contact with their father, they might ask the social worker about the possibility of calls or letters if the social worker does not feel that face-to-face visits are appropriate.

Scenario 5

Kelly should consult with the child welfare social worker. If the children are in the legal custody of the Department, Kelly cannot make alternative placement arrangements for her sister

without their consent. The agency might also be able to provide additional support to Kelly in caring for her siblings.

The concern is the safety and well being of Jerome and Kay. A secondary concern is Kelly's access to the supports she needs to serve as a caregiver for her siblings.

The situation might be best handled if the agency contacted Kay's father regarding his ability and willingness to assist with Kay. If he is willing, the agency might approve him to provide respite care for Kay.

Scenario 6

The social worker should be consulted to assist in problem solving and planning for Willie.

The primary concern is Willie's emotional and physical well being. A secondary concern is Joanne White's ability to manage Willie after he visits with his mother.

It is important that Willie continue his relationship with his mother. Perhaps the social worker could refer him to counseling. The concerns regarding Willie's behavior should be discussed with Karen. Perhaps Joanne White and the social worker could schedule a conference with Karen to address the concerns.

B. Making Connections with Assessment, Licensing, or Certification.

1. Ask the group whether this activity has raised any questions for them about agency processes.

Are there any questions, concerns, or comments regarding the assessment, certification, or licensure process?

2. Respond to any comments or questions, and proceed to the closing remarks.

Part VI: Closing Remarks



00:15 Total

Purpose: To end the meeting on a positive, affirming note.

A. Celebration of Caring

1. Direct participants to **Resource 9: Celebration of Caring**. Read the vignette on the resource aloud, or ask a participant (who has agreed ahead of time) to read it. Invite any comments about the story.

B. End the Session

1. Remind participants of the date and time of the next session and of the session topic. Remind them to bring their Caring In Action notebooks back to the next session.
2. Acknowledge participants for their participation in the session, and adjourn.



Meeting Seven:
Connecting
Children to Safe,
Nurturing,
Lifelong
Relationships



A Tradition of Caring

*Connecting Children to
Safe, Nurturing,
Lifelong Relationship*

Connecting Children to Safe, Nurturing, Lifelong Relationships

Agenda

Part I: Welcome and Caring In Action Discussion

- A. Welcome and Review of Outcomes, Session Goals, and Session Objectives
- B. Caring in Action Follow-Up

Part II: Telling Our Stories

- A. The Importance of Safe, Nurturing, Lifelong Relationships

Part III: Permanency Options for Kinship Caregivers

- A. Providing Children with a Sense of Permanence
- B. Meeting Permanency Needs

Part IV: Legal Relationships in Kinship Care

- A. Legal Options
- B. The Permanency Needs of the Child in My Care

Part V: The Agency's Responsibility to Make Permanent Plans for Children

- A. The Dual Mandate of the Child Welfare System
- B. The Permanent Plan for the Child in My Care

Part VI: The Important Role of Teamwork

- A. Working Together to Connect Children to Safe, Nurturing, Lifelong Relationships

Part VII: Closing Remarks

- A. Celebration of Caring
- B. End the Session

Resources, Transparencies, and Materials

Resources

- Resource 1: Post- Assessment and the Five Desired Outcomes
- Resource 1: Meeting Goals and Objectives
- Resource 2: Agenda
- Resource 3: Thinking about the Importance of Safe, Nurturing, Lifelong Relationships
- Resource 4: Legal Relationships In Kinship Care
- Resource 5: The Permanency Needs of the Child In My Care
- Resource 6: Caring in Action: Meeting The Permanency Needs of the Child in My Care
- Resource 7: The Adoption and Safe Families Act
- Resource 8: My Child's Permanency Plan
- Resource 9: Working With Others to Make the Best Permanent Plan
- Resource 10: Celebration of Caring

Transparencies

- Transparency A - C: How Would a Child Feel?
- Transparency D: Informal Kinship Care is...
- Transparency E: Informal Kinship Care Means...
- Transparency F: Formal Kinship Care is...
- Transparency G: Formal Kinship Care Means...
- Transparency H: Legal Custody is...
- Transparency I: Legal Custody Means...
- Transparency J: Adoption is...
- Transparency K: Adoption Means...

Materials

Easel and easel pad

Markers

Overhead projector and screen or LCD projector and screen

Refreshments

Part I: Welcome and Caring In Action Discussion



00:15 Total

Purpose: To review the outcomes, goals, and objectives of this meeting, and to share experiences, successes, questions, and concerns related to Caring in Action plans.

A. Welcome and Review of Outcomes, Session Goals, and Session Objectives

1. Welcome participants.

Welcome! Thank you for returning. You have shown a lot of commitment to your families and the children in your care by coming to these sessions. We have all learned a lot from each other. Thank you all for the caring and sharing you have demonstrated.

Please place your name tents in front of you. If you need to make another one, you'll find paper and markers on your tables.

2. Discuss the title of this meeting, and connect it to the Kinship Care Outcomes.

We call this meeting "Connecting Children to Safe, Nurturing, Lifelong Relationships." As you recall, this is one of the five Kinship Care Outcomes. As kinship caregivers, you will have an important role to play in working with the agency to make the best possible plan about where the children in your care will grow up. In this meeting, we'll be focusing on the different permanency options that might be considered and how each option can offer the children in your care a sense of belonging, security and continuity. We'll also talk about the responsibility of the agency to make permanent plans for children in its custody and what that means for you and your family.

3. Direct attention to **Resource 1: Meeting Goals and Objectives.**

Proposed goals for this meeting, along with specific objectives for meeting these goals, are listed on this resource. Take a minute to read over what we've listed.

Do any of you have comments, questions, or suggestions?





4. Direct attention to **Resource 2: Agenda**

As always, this meeting will combine information, sharing, and support. We'll begin with an exercise that will help you think about the importance of lifelong connections in your life. This activity will also highlight the fact that each of you has life experience you can draw on to understand the needs of children for lifelong connections.



We'll discuss the various types of legal relationships that kinship caregivers can have with the children in their care and the way each one's legal status might contribute to the children's sense of belonging, security, and continuity of connections. We will also discuss the agency's responsibility to make permanent plans for children in its custody and the important role you will play in working with the agency to make permanent plans.



You'll have the opportunity to apply information we discuss to your own family situations and to share your thoughts about the needs of your family related to permanence.

We'll examine the role of the child welfare agency in working with you to make the best possible permanent plan for the children you care for and we will address any questions you might have regarding assessment, licensure, or certification.

Finally, we'll end the session by celebrating kinship care with a "real life" Celebration of Caring story.

Are we ready to begin?

B. Caring in Action Follow-Up

1. Introduce the activity.

At our last session, each of you worked on an action plan to address specific needs you identified for your family in relation to maintaining family connections. Let's spend a few minutes talking about your experiences in carrying out your action plans. Did any of you have successes you'd like to share? Frustrations? Tips for others?

2. Facilitate a group discussion regarding experiences in implementing Caring in Action plans. Sharing should be voluntary. Strive to keep the discussion as positive as possible, focusing on successes and generating suggestions for addressing frustrations or challenges experienced by group members.

Part II: Telling Our Stories



00:30 Total

Purpose: To focus attention on the fact that children and youth in kinship care have needs for safety, belonging, security, and keeping connections that are at risk because they have experienced abuse, neglect, and separation from their parents. To demonstrate respect for the knowledge and sensitivity of the group participants to the needs of children in their care for safe, nurturing, lifelong relationships.

A. The Importance of Safe, Nurturing, Lifelong Relationships

1. Introduce the activity.

We are going to do an activity to help you think about what having lifelong relationships or permanence means in your own lives. By thinking about what permanence meant to you as a child and what it means in your lives today, you can be sensitive to what permanence means to the children in your care.

2. Direct attention to **Resource 3: Thinking About the Importance of Safe, Nurturing, Lifelong Relationships**. Direct participants to find a partner and discuss the questions on the resource.

Find a partner and talk about each question. Please jot down your ideas, because when we get back together, there will be an opportunity to share your experiences and feelings with the group.

3. Allow 15 minutes for discussion. Provide a five-minute warning after 10 minutes. Conduct a large group discussion.

In order to keep the discussion interesting and to keep within the short time frame allotted, facilitate the discussion by asking for a couple of answers to each question rather than asking each person to answer the question. After a few people have given responses, ask if anyone else has a different response that they would like to share and then move on to the next questions. Allow about 20 minutes for the discussion.

4. Read the first question, and expect responses similar to the ones that follow.

What made you feel safe as a child?

- *Knowing that my parents could take care of me*
- *Knowing that I could trust others*
- *Knowing that someone was there to help me if I was threatened or in trouble.*

5. Proceed with the next question.

Think about yourself as a child. Most people in the neighborhood knew what family you belonged to. How did they know?

- *Sharing the same last name*
- *Looking like family members*
- *Living together as a family*
- *Family members identified me as their son, daughter, sister, brother, niece, nephew, etc.*

6. Proceed with the next question.

What did belonging to a family mean to you?

- *Made me feel special, safe, secure, proud, important*
- *Gave me important values*
- *Gave me my culture*
- *Shaped my personality*
- *Made me the person I am today.*



Some participants may not have felt like they belonged in a family. Ask them what this felt like. Some participants may have felt less positive about family membership. They may report feeling ashamed, looked down on, etc. Emphasize that family membership has an important effect on self-concept and self esteem whether it is positive or negative.

7. Proceed with the next question.

Did you ever worry that someone would take you away from your family?

- *Divorce*
- *Family problems*
- *Poverty*
- *Incarceration of parents*
- *Experience with the child welfare system*

8. Proceed with the next question, and be ready to comment that feelings of insecurity have powerful negative effects on children.

How did this worry affect you?

- *Afraid, nervous*
- *Not able to sleep, eat, study, concentrate, or enjoy life*

9. Proceed with the next question, and during the discussion comment that most children take it for granted that they are secure in their family and that no one will threaten that security.

What made you feel secure in your family?

- *Believed parents would take care of me*
- *Never entered my mind that something could happen*

10. Proceed to the next question. Remark that children who feel secure do not use all their energy worrying about what will happen to them and they can concentrate on being children. This means that they can concentrate on their schoolwork, their friends, sports, and hobbies like other children. Children who are insecure and worried cannot concentrate and may fall behind in school and other areas of development.

What did feeling secure mean to you?

- *Felt happy*
- *Felt safe*
- *Could have a normal childhood*

11. Ask the next question

What people from your childhood do you still have contact with today?

- *Parents*
- *Siblings*
- *Extended family members*
- *Friends*

12. Ask the next question.

What does having contact with these people mean to you as an adult?

- *Helps me remember who I am*
- *Brings back good memories*
- *Makes me feel that people will be there for me whatever happens*

13. Thank participants for sharing their stories and relate the discussion to the permanency needs of children.

Thank you for sharing your stories that help us all become more sensitive to the needs of the children in our care.

We have just talked about four conditions that are the foundation for permanence. They are:

- *Safety*
- *A sense of belonging*
- *A sense of security*
- *Being able to keep connections with people who are important to you*

Now we will discuss the types of legal relationship that children can have with their kinship caregivers and how these legal relationships can affect their sense of permanence.

Part III: Permanency Options for Kinship Caregivers



00:40 Total

Purpose: To consider the challenges that kinship caregivers face in working to give children in their care a sense of permanence. To provide information about the legal relationships that are possible between children and their kinship caregivers and to consider the potential effects of legal relationships on children's sense of permanence.

A. The Challenges of Providing Children with a Sense of Permanence

1. Discuss how kinship care meets the needs of children for the conditions that provide a sense of permanence.

Ask the group how kinship care meets the needs of children for a sense of safety, belonging, security, and continuity of connections.

Be sure that the following is covered:

Children in kinship care are in families where adults can keep them safe. Children in kinship remain in their extended family where they already feel they belong. They know that their extended family will care for them if they have problems, which gives them a sense of security. Through placement with kin, they can maintain connections with the people to whom they have been attached all their lives.

2. Discuss the challenges that kinship caregivers face in meeting children's needs for permanence.

Despite the advantages of kinship care, kinship caregivers still face challenges in meeting children's needs for a sense of permanence.

3. Discuss the challenges kinship caregivers face in meeting children's needs for safety. Be sure the group understands that the behavior and lifestyles of parents can jeopardize children's safety. Because of their relationship with the parents, it may be difficult to set limits on visits and contacts that have the potential to put children at risk.

Safety is the most important foundation for permanence. What challenges do kinship caregivers face in providing safety for children in their care?

4. Discuss the difficulty children in kinship care may have with feelings of belonging.

One goal of permanence is to restore a sense of belonging. Children do best when they feel like they belong to their family and their family belongs to them - when they know where they belong.

5. Ask the group to identify some reasons that children in kinship care might not have a sense of belonging.

Some children in kinship care might feel confused about where they belong. What are some reasons why this might occur?

6. Listen to a few responses. Mention the following if the ideas are not raised by the group:

Even when children remain in their extended family, they may have confusion about where they belong. They may wonder if they belong with their birth parents or with their relatives. This is especially true if there is conflict between the parents and the caregivers or if the caregivers are ambivalent about caring for the children.

7. Discuss the difficulty children in kinship care may have in feeling secure. Ask the group to identify some reasons that children in kinship care might feel insecure.

Some children in kinship care might not feel secure. What are some reasons why this might occur?

8. Listen to a few responses. Mention the following if the ideas are not raised by the group:

One of the biggest fears children have is that they will be separated from their parents. For children in kinship care, this has happened. They have learned that their parents cannot protect them from being separated. They are very vulnerable to fears that they may be moved again.

They may not be sure whether they will be staying where they are or whether they will be returning to their birth parents. This may be compounded when the goal is not really clear. For example, the agency may have a goal of reunification, but the

parents may not be complying with the service plan and making progress to have the family reunited, so the children may be getting confusing messages about what will be happening to them. One of the most important goals of permanence is to reinstate children's sense of security.

9. Discuss difficulties children in kinship care might experience with continuity of attachments. Ask the group to identify some reasons why children in kinship care might become disconnected from people to whom they are attached.

A third goal that we have for children is continuity of connections, or to put it more simply, to remain connected with people they love. Some children in kinship care might not remain connected to people they love. What are some reasons for this?

10. Listen to a few responses. Mention the following if the ideas are not raised by the group:

In kinship care, children may face being permanently separated from people to whom they have been attached. This may happen because there is conflict between the birth parents and the kinship caregiver, because the parent's lifestyle or behavior makes it dangerous for them to have contact, or because they drop out of the picture. In some cases children may be separated from their siblings. One of the goals of permanency planning is to help children maintain these connections in a way that keeps them safe and supports their emotional well-being.

B. Meeting Permanency Needs

1. Introduce the next activity.

Kinship caregivers and birth parents need to work together whenever possible to help children get their needs met, but sometimes that isn't easy. Let's look at some examples and think about what the child is feeling.

2. Display **Transparency A: How Does This Child Feel?**

3. Ask the group what is happening in the picture. Be sure the group understands that the child is being pulled in two directions by the kinship caregiver and the birth parent. The child is experiencing loyalty conflicts and confusion about where he belongs.



Ask the group how the child in the picture probably feels. Be sure they mention that the child is probably feeling confused, angry, sad, and insecure.

When children are confused about where they belong, they may feel worried, anxious or angry. They may experience loyalty conflicts. This means that if they feel like they belong with their kinship caregivers, they may feel guilty and disloyal to their birth parents. Likewise, if they feel like they belong with their parents, they may feel disloyal to the people who are caring for them. An important task in permanency planning is to reestablish a sense of belonging while at the same time helping children avoid having loyalty conflicts.



3. Display Transparency B: How Does This Child Feel?

Ask the group what is happening in the picture. Be sure they understand that the caregiver has both arms around the child and is giving him protection while the birth parent stands apart.

Ask the group why this situation might occur. Be sure that they understand that in some cases, the birth parent's behavior or lifestyle puts the child at risk and the kinship caregiver must make a decision to protect the child.

Ask the group how the child is probably feeling. They may respond that the child feels protected and possibly relieved, although he also may feel angry, confused, and sad.

Ask the group how the kinship caregiver can help the child keep safe connections to his birth parents even when there is a need to protect him.

Be sure the group mentions the following ideas:

- Allowing the child to see the parent on supervised visits
- Helping the child remember good times and good things about the parent
- Keeping contact through letters and telephone calls



4. Display Transparency C: How Does This Child Feel?

Ask the group what is happening in the picture. Be sure the group understands that the birth parent and the child are cooperating. The child is holding the hands of both the birth parent and the caregiver and is connected to both.

Ask the group how the child in the picture probably feels. Be sure they mention that the child feels less conflicted and more secure. Although he may

miss his birth parent, he knows that there is a good relationship between his caregiver and his birth parent and that both of them care for him.

5. Summarize the ways that kinship caregivers can help children with their permanency needs.

We need to try to help children avoid loyalty conflicts because they lead to difficult feelings and difficult behaviors. When kinship caregivers and birth parents can cooperate, children are less likely to experience loyalty conflicts. When parents cannot cooperate or when the parent's behavior or lifestyle makes it unsafe to have contact, the kinship caregiver can help by giving the child honest information about why he can't be with the birth parents, and at the same time, being careful not to condemn the parents.

The kinship caregiver can also help by giving the child permission to care about the birth parent. The kinship caregiver might say, "I know you miss your parents and wish you could be with them, and we are trying to help your parents so that you can be together as a family again," or "I know you miss your family, but because they have problems with drugs they can't take care of you. Even though you can't live with them right now, it's OK to love them."

Part IV: Legal Relationships in Kinship Care



00:30 Total

A. Legal Options

1. Introduce the topic of legal options for kinship caregivers.

Now that we have discussed the foundations for permanence, we'll take a look at the different legal options that might be available to kinship caregivers. These legal options define who has legal custody of the children, who has parental rights, and what kind of support is available to the kinship caregiver. It is very important for kinship caregivers to understand these options, to find out what options might be available to them, and to make a decision based on this information about what option is best for their families and children in their care.



2. Display **Transparency D: Informal Kinship Care Is....** Make a brief presentation, covering the following points:

In many families, kinship caregivers assume care of children without obtaining legal custody. This is generally an informal arrangement agreed on by birth parents and caregivers. Some examples of when this might occur are when a parent is sick, needs to be absent for military duty, or other times when the parent needs help on a temporary basis.



3. Display **Transparency E: Informal Kinship Care Means....** Make a brief presentation, covering the following points:

In informal kinship care, kinship caregivers are responsible for the day-to-day care of the children. However, the birth parents retain legal custody and parental rights. This means that the kinship caregivers may not have the authority to make important decisions for children, including educational and medical decisions. The birth parents have the right at any time to demand that children be returned to them.

Under informal kinship care, birth parents remain responsible for financial support of their children. Kinship caregivers may apply for public assistance, but the assets of birth parents will be taken into consideration in determining eligibility.

4. Ask the group to identify some of the advantages and disadvantages of informal kinship care.

What are some of the advantages of having an informal agreement with the parent?

The group might suggest that informal agreements and cooperation between relatives helps preserve good relationships between parents and the caregivers. Informal arrangements are often all that is required when children need temporary care.

What are some of the disadvantages of an informal agreement?

The group might suggest that problems might arise if there are disagreements between parents and caregivers. Since parents retain authority to make decisions, informal arrangements might be a problem if parents are not making good decisions that keep their children safe.

5. Display **Transparency F: Formal Kinship Care Is....** Make a brief presentation, covering the following points:

Another legal option that might be available is formal kinship care. In this situation, the child welfare agency obtains custody of children through court proceedings or through voluntary agreements with birth parents. When the agency has custody, kinship caregivers act in the role of agency-sponsored foster parents for the children.

6. Display **Transparency G: Formal Kinship Care Means....** Make a brief presentation, covering the following points:

Under Formal Kinship Care, the kinship caregivers have physical custody of children and the responsibility for day-to-day care. The agency has legal custody, which means that the agency has the responsibility and authority to make important decisions for children. Birth parents retain parental rights unless these rights are terminated in a court proceeding.

As the legal guardian for children, the agency has the responsibility to make decisions about where they will live. The child welfare agency will usually try to work with birth parents to help them reunite the family.

Through their involvement with the agency, birth parents may receive services such as drug treatment or parenting education that may help them with the problems that resulted in the children having to leave the family. The agency and the court will be making decisions about visits between children and birth parents.

When children are in agency custody, they are covered by health insurance and their caregivers receive foster care payments that are higher than public assistance. However, as foster parents, kinship caregivers must comply with agency requirements and standards.

- 
7. Ask the group to identify some of the advantages and disadvantages of formal kinship care.

What are some of the advantages of formal kinship care?



The group might suggest that formal kinship care offers more support, including financial support, and services for children and birth parents. The agency might also provide protection children if the birth parents' behaviors or lifestyles puts children at risk.

What are some of the disadvantages of formal kinship care?



Participants might suggest the agency's authority to make decisions for children, and the foster parent assessment and certification process are a problem. They may feel that the supervision of the placement feels unnatural and is a source of discomfort both to caregivers and children.

- 
8. Display **Transparency H: Legal Custody Is....** Make a brief presentation, covering the following points:

A kinship caregiver obtains legal custody through a court proceeding that grants them the responsibility and authority to make important decisions for the children.

- 
9. Display **Transparency I: Legal Custody Means....** Make a brief presentation, covering the following points:

When kinship caregivers obtain legal custody, they continue to have day-to-day responsibility for child care, but they now

have more rights that are associated with being a parent. They can enroll children in school and obtain medical care. No one can remove children from their care without a court order.

In some cases, kinship caregivers may obtain custody on their own prior to any involvement with the child welfare agency, or even to avoid involvement with the agency. In other cases, the child welfare agency has custody of children but transfers custody or guardianship to kinship caregiver through a court proceeding. The kinship caregiver is no longer considered a foster parent, but may be able to continue to receive support for the children financially. This may be done through TANF, guardianship subsidies, or other special programs available in your community. Even though legal custody has been transferred, birth parents still retain parental rights unless these rights have been previously terminated by the court. This means that if birth parents want to have children returned, they can petition the court to ask that the custody or guardianship be reviewed.

10. Ask the group to identify some of the advantages and disadvantages of legal custody.

What are some of the advantages when the kinship caregivers have legal custody of children?



The group might suggest that the caregiver has the authority to make important decisions and that this can help both caregivers and children feel more secure. Another important outcome is that the court protects caregiving relationships and children cannot be removed abruptly or arbitrarily without court proceedings.

What are some of the disadvantages of legal custody?



Legal custody requires a court order and this may cause conflict with between caregivers and birth parents. Legal custody is not permanent, and birth parents can still contest the custody in court if they feel that children should be returned to them. Financial support may not be as high as foster care payments or might be more difficult to obtain.

- 
11. Display Transparency J: Adoption Is.... Make a brief presentation, covering the following points:



When the court grants an adoption, all parental rights and responsibilities are permanently transferred to the adoptive parents. When an adoption occurs, the birth parent's rights are legally and permanently terminated.

12. Display **Transparency K: Adoption Means....** Make a brief presentation, covering the following points:

When adoptions are granted, caregivers become the legal parents of their adopted children and have the same relationship to them as they do with children born to them. In the eyes of the law, relatives are no longer grandparents, aunts, or uncles, but are moms or dads.

Children are issued new birth certificates with their adoptive parents' names listed as their parents. Adoptive parents may choose to change the children's last names to those of the adoptive families.

Adoptive parents are financially responsible for their adopted children. If they apply for public assistance or social security, their assets are taken into consideration when determining eligibility. When adoptions are sponsored by the child welfare agency, kinship caregivers may be eligible for adoption subsidy.

13. Ask the group to identify some of the advantages and disadvantages of adoption.

What are some of the advantages of adopting children in your care?

The group might suggest that adoption is permanent and gives the caregiver full parental rights.

What are some of the disadvantages of adopting children in your care?





The group may suggest that adoption changes their relationship with the children in their care to that of parent, which may seem unnatural. Unless birth parents consent to adoption, parental rights must be terminated in court. This may feel like “giving up” on birth parents. When the kinship caregivers adopt, they assume full responsibility for children, including financial responsibility, although adoption subsidy may be available if they adopt through an agency.

- 
14. Summarize the information presented in this section. Refer participants to **Resource 4: Legal Relationships in Kinship Care.**

This resource provides a summary of the legal relationships in kinship care.

We have discussed the four important foundations for permanence, which are safety, a sense of belonging, a sense of security, and keeping connections with people who you love. We have spent time as a group examining the types of legal relationships that kinship caregivers can have with the children in their care. We have seen that each one differs from the others. Now each of you will have an opportunity to apply the concepts we've been discussing to your own situations and think about what it means to the children in your care.

B. The Permanency Needs of the Child in My Care.

1. Introduce the activity. Refer to **Resource 5: The Permanency Needs of the Child in My Care** and offer instructions regarding the exercise.



Please look at Resource 5: The Permanency Needs of the Child in My Care. This worksheet asks you to think about some issues the children in your care might have in relationship to safety, belonging, security, and continuity. Then you are asked to think about the type of legal relationship you have with the children in your care and how this relationship affects your ability to meet their needs. You'll have about 15 minutes to complete this part of the activity, so you'll need to work as quickly as possible. I'll let you know when time is about half up. Do you have any questions?

2. Call time at 10 minutes and ask people to stop working at 15 minutes.



3. Introduce **Resource 6: Caring in Action: Meeting the Permanency Needs of the Child in My Care**. Offer instructions regarding the next phase of the activity.

Thinking about the children in your care, fill out this form noting any difficulties they are experiencing with feelings of belonging, feelings of security, and keeping connections with important people. Then think of ways that you might be able to help them with these issues and how others might help. You'll have about 10 minutes for this part of the activity.

4. After 10 minutes, ask participants to stop working on Resource 6. Offer instructions regarding the last phase of the activity.

Divide the group into unrelated pairs. Instruct participants to quickly share with their partners any concerns or needs identified on Resource 6. Helpful suggestions should be incorporated into the Blueprint for Action. Allow approximately 10 minutes for each participant to share information, obtain feedback, and revise or add to the Blueprint for Action, allowing a total of 20 minutes for this part of the activity.

5. Conclude the activity.

You have done good work looking at important issues related to the permanency needs of children in your care. Remember that all children need to feel a sense of safety, belonging, and security and all children need to be able to keep their connections to people they love. Making good plans regarding the legal relationships you will have with the children in your care will help them with these issues. Knowing what legal options are available will help you make good decisions, but it is also true that the decision may not always be within your control. Even when children are not in a family that is protected by a secure or permanent legal status, they can have a sense of belonging and security when they have the emotional support of the people who care for them and the people to whom they are attached.

Part V: The Agency's Responsibility to Make Permanent Plans for Children



00:40 Total

Purpose: To provide information about the agency's responsibility to make permanent plans for children in care. To provide information about permanent planning goals that might be considered. To allow participants to consider their feelings about making permanent legal commitments.

A. The Dual Mandate of the Child Welfare System

1. Introduce the subject.

Child welfare agencies have two important responsibilities. The first is to protect children from harm. The child welfare system intervenes in families where the risk of abuse or neglect exists and attempts to provide services that will ensure that children are protected. However, when the safety of the children cannot be ensured at home and children are placed in foster care, the children may have gained safety, but the separation from the family can threaten their sense of belonging, security, and continuity, which we have seen are important components of a sense of permanence. Child welfare agencies are required by law to secure permanent families for children in placement.

2. Identify possible permanency outcomes.

There are several ways that permanent homes can be secured. The first way is to reunify the children with the birth family. If reunification is not possible, permanence for children in kinship care can be secured through adoption or guardianship. However, in some cases, kinship caregivers do not want to assume custody of the children through adoption or guardianship, but can make a commitment to care for them until adulthood. This is called permanent kinship care.

3. Discuss the passage of the Adoption and Safe Families Act.

In 1997, the federal government passed the Adoption and Safe Families Act with the intention of promoting safety and timely

permanence for children. This is the law that agencies must follow when they make permanent plans for children in their custody.

4. Refer participants to **Resource 7: The Adoption and Safe Families Act.**

ASFA, as it is called, includes many provisions. Some of the most important ones that will impact kinship caregivers are discussed on Resource 7.

5. Explain the responsibility of the agency to make efforts to reunify the family. Promote discussion by asking the questions that follow.

In most cases, the agency is required to make reasonable efforts to reunite the family as long as the family can provide safety and adequate care.

Why do you think that agencies are required to reunite children with their parents?

Participants may mention the importance of parent-child relationships and the attachment that most children have with their parents.

Do you agree that this should be a requirement? Why or why not?

Participants may agree or they may feel that some parents have abused or neglected their children and don't deserve a second chance.

6. Explain the time frames for making permanent plans.

Agencies are required to have permanent plans for children within 12 months of the child's entry into care. This means that parents have a limited time to solve the problems that brought their children into care.

Why do you think that a time limit has been established for making permanent plans?

Be sure that participants understand that it can be damaging to children's development to be in temporary placements.

Do you think it is reasonable to require a permanent plan to be made within a year? Why or why not?



Participants may agree based on the needs of children or they may suggest that some problems such as drug and alcohol dependency might require more than a year to resolve.

7. Explain the requirements for filing petitions to terminate parental rights.

A petition to terminate parental rights must be filed on behalf of any child, regardless of age, who has been in foster care 15 out of the last 22 months. Exceptions can be made if the child is cared for by a relative, there is a compelling reason why filing is not in the best interest of the child, or the agency has not provided services to the family.

As kinship caregivers, how do you feel about the possibility of terminating parental rights?



Participants may feel that this is a necessary step in some circumstances. In others they may feel that it is “giving up” on parents too soon or that it is unnecessary when children are permanently placed with extended family.

How would this terminating parental rights affect your relationship with birth parents?



Participants may feel that it will be damaging to the relationship because parents might feel that the caregivers were cooperating with the agency to take their children away permanently. Others might feel that parents would understand and not hold them personally responsible.

How would this affect the children in your care?



Some participants may feel that children who have been seriously neglected and abused may be relieved to know that their parents will not be taking them back. Others may feel that children will be sad and angry about the change in the relationship with their parents.

8. Explain the rights of the kinship caregiver to testify at reviews and hearings.

Relatives caring for children must be given notice of and opportunity to testify at any reviews or hearings involving the children.

Why do you think that lawmakers felt it was important to give caregivers an opportunity to have their opinions heard when decisions are being made about the children in their care?



Be sure the group understands that as people with the most day to day knowledge of the children, caregivers have a lot of information to share that will help the court and the agency make the best decisions for children.

9. Define concurrent planning and explain its purpose.

Concurrent planning is a new way of practicing permanency planning that is encouraged by ASFA.

We have talked about the importance of a sense of security for children. Children in foster care can often feel like they are in limbo, not knowing where they will be growing up. In the past, children could remain in limbo for many years thinking they would someday return to their families, only to find out that that couldn't happen. Many children were in families who could not make a permanent commitment and had to move to new families who could, leading to loss and disruption in their lives. Child welfare agencies that practice concurrent planning develop two plans when children come into foster care. This means that the agencies works on "Plan A" (efforts to reunify the family), but at the same time identify "Plan B" (another permanent home in case reunification is not successful).

Birth parents are included in this planning. The social worker may say, "We want to help you reunite your family, but if that isn't possible we want you to be a part of planning for your children. Can you tell us who you would like to raise your children if they can't go home?"

For example, the children might be placed with a relative who would agree to be a permanent home if the children could not return to the birth parent. This means that social workers will be talking to relatives early about whether or not they can make permanent commitments.

10. Promote discussion by asking the following questions and eliciting several responses.

When you began caring for the children in your home did you think it would be a temporary arrangement or a permanent arrangement?

If the children you are caring for cannot return home, could you consider caring for them permanently?

11. Discuss the conflicts kinship caregivers might feel about making a permanent commitment.



Ask the group to identify reasons why kinship caregivers might be reluctant to make a permanent legal commitment. Write the responses on the easel pad.

Kinship caregivers might have conflicts about making a permanent legal commitment through adoption or guardianship. What are some reasons why they might be reluctant?

- Their lifestyle will be changed for many years.
- Adopting or assuming guardianship would make them feel like they were "giving up" on the birth parents.
- Agreeing to adopt or assume guardianship might cause conflicts with birth parents.
- Kinship caregivers might have age or health concerns.
- Kinship caregivers might be unsure whether they have the financial resources or supports they would need.
- Kinship caregivers might not want to adopt because they want to remain grandparents, aunts, or uncles rather than parents to children.
- Kinship caregivers might feel it is unnecessary to make a permanent legal commitment because they feel they could meet the needs of children without adopting or assuming guardianship.

12. Discuss the benefits for the children when the kinship caregiver can make a permanent legal commitment.

What are some benefits for children when kinship caregivers can make a permanent legal commitment through guardianship or adoption?

- Children have a sense of belonging because their kinship caregiver has made a permanent commitment to them.
- Children will have a sense of security because they know where they will be growing up.

- Kinship caregivers can make decisions about continued contact with birth parents that will be in the children's best interests.

13. Discuss the benefits for the kinship caregiver of making a permanent legal commitment through guardianship or adoption.

What are the benefits for kinship caregivers of making a permanent legal commitment through adoption or guardianship?

- They can make important decisions for the children.
- They have a greater sense of security that the children will remain in the family.

14. Discuss the types of information the kinship caregiver might want before making a permanent commitment. List information on the flip chart.

What information would kinship caregivers need to know before making a permanent legal commitment?

- How will this affect my relationship with the birth parents?
- How will this affect my relationship with the children?
- What financial supports will be available?
- What services will be available for the children?
- What services will be available for me?
- What is the best plan for contact between the children and the birth parents?
- Who can care for the children if I become incapacitated?
- What financial supports and services will be available to the people whom I designate as caregivers?

15. Briefly discuss adoption and guardianship subsidies and post-permanency supports and services that are available to families and children in your community.

16. Discuss open adoption. Ask participants what should be considered when making decisions about open adoption.

Having open adoptions means that after adoption, children can still maintain contact with their parents and other family

members. Open adoption is more frequent in cases where kin adopt than when children are adopted by non-family members.

What types of things would you want to consider when deciding about whether to have an open adoption?



Be sure the group understands that the safety of children is a very important consideration. If the birth parent's behavior or lifestyle makes it unsafe for them to have contact with their children, visits may have to be supervised or contact maintained through phone calls and letters. If children can be safe with their parents, their needs in regard to maintaining contact should be the most important consideration.

17. Discuss what might happen if the kinship caregiver does not want to make a legal commitment.

In some cases, kinship caregivers might not feel that it is the best decision to make a legal commitment through adoption or guardianship, but they may feel that they can make a permanent commitment to raise the children in their care to adulthood. In these cases, the agency will want to thoroughly discuss the reasons for this decision. In some cases, they may be concerned that the kinship caregivers are really unwilling or unsure that they can care for the children to adulthood. The agency may feel that the commitment is not "for better or for worse." The agency may then want to make another permanent plan for the children. In other cases, the agency may feel confident that the situation will be permanent and agree to a plan of long-term or permanent formal kinship care.

18. Discuss what might happen if kinship caregivers cannot make a permanent commitment of any kind.

In some cases, a kinship caregiver who agreed to care for children on a temporary basis may not feel it is the best decision for the children, the caregiver, or the caregiver's family to make a commitment to provide permanent care. The agency will then need to consider other permanent options. That might be permanent placement with another relative or placement with an adoptive family not known to the kinship caregiver.

19. Discuss how kinship caregivers could work as team members when children need to be moved to new permanent families.

If children need to be placed in another family to achieve permanence, how could the kinship caregivers, the social workers, and new families work together to give children a sense of belonging, a sense of security, and the ability to keep connections with important people in their lives?

- Kinship caregivers should carefully consider their decisions so they are sure about them. If they are ambivalent, they will not be able to support children and work collaboratively with others.
- Kinship caregivers could help social workers explain the decision in a helpful way for the children.
- Kinship caregivers could help the agency identify other families who might make a permanent commitment.
- The agency could find families who would be willing to allow children to keep connections with kinship caregivers and other important people in the children's life.
- Kinship caregivers may give children permission to live with the other families and let them know it is OK to become attached.
- New families could reassure children that it was OK to maintain connections with kinship caregivers and others to whom they are attached.



B. The Permanent Plan for the Child in My Care

1. Introduce Resource 8: The Permanent Plan for the Child in My Care.

Offer instructions regarding the exercise.

Please look at Resource 8: The Permanent Plan for the Child in My Care. This worksheet asks you to think more in depth about the current permanent plan for the children in your home. First circle the current plan for your child, and then answer the questions below about how you and the children will be affected when the permanent goal is achieved. You'll have about 15 minutes to complete this part of the activity. I'll let you know when time is about half up. Do you have any questions?

2. Call time at 10 minutes and ask people to stop working at 15 minutes.
3. Offer instructions regarding the next phase of the activity.



Begin the action planning steps for this portion of the meeting by calling attention to **Resource 9: Caring in Action: Working with Others to Make the Best Permanent Plan.**

As we have discussed, the agency and the courts have the responsibility to decide on the best permanent plan for the children. Caregivers can have an important role by giving information to the agency and to the court that will help them make a good decision and by giving and help and support to the birth parents and the children in their care. Thinking about the children in your care, consider ways the permanency team can best work together to make the best possible plan. You'll have about 15 minutes for this part of the activity.

4. Call time at 10 minutes.

After 15 minutes, ask participants to stop working on Resource 10 and move into the final phase of the activity. Offer instructions regarding the last phase of the activity.

Divide the group into unrelated pairs. Instruct participants to quickly share any concerns or issues from Resource 8 and to share their Blueprints for Action with their partner. Helpful suggestions should be incorporated into the Blueprint for Action. Allow approximately 10 minutes for each participant to share information, obtain feedback, and revise or add to the Blueprint for Action, allowing a total of 20 minutes for this part of the activity.

5. Conclude the activity.

Once again, you have done good work looking at permanency planning and how you can support and work cooperatively with the other people on the permanency team. We have seen that the best permanent plan will provide children with safety, a sense of true belonging, a sense of security, and the ability to keep connections with those they love. Making good decisions about permanence for children is rarely easy, however, for anyone, including birth parents, agency social workers, judges and caregivers. This is because for every gain achieved by permanence, there is usually a loss. Thinking about the needs of children rather than the needs of adults is often difficult. Getting good information, sharing information and being willing to be honest with yourselves and others are all important in making good plans that are so important to the well-being of the children in your care.

Part VI: The Important Role of Teamwork



00:10 Total



Purpose: To explain how the content and process of this session address the agency's foster care policy and assessment and licensing or certification requirements; to describe effective ways of collaborating with the agency to serve the best interests of children in kinship care.

A. Working Together to Support Safe, Nurturing, Lifelong Relationships

1. Discuss the agency role in working with the kinship caregiver to support lifelong relationships for children.

As we have discussed, the agency has an important role to play in making permanent plans for children. The agency can also be a resource to support the caregiver.

2. Discuss possible ways the agency can assist kinship caregivers in meeting the permanency needs of children in their care. Elicit responses from group participants. Be sure that most of the following points are covered.

How might the agency help in caregiver in his or her role as a member of the permanency team?

- *Helping the caregiver decide how to talk with the children about why they are separated from their birth parents and what permanent plans are being made*
- *Providing counseling services to children to help them with the difficult feelings caused by divided loyalties*
- *Providing caregivers with information about the birth parents' progress in overcoming the problems that resulted in their children's separation from the family*
- *Providing caregivers information about legal proceedings*

- *Supporting caregivers who wish to testify at court hearings*
- *Mutually assessing caregivers' willingness and ability to make permanent commitments to the children and helping them to make the best plans for the children in their care*
- *Providing information about supports and services that will be available to help caregivers if they make a permanent commitment*
- *Supporting caregivers who are experiencing loss when children leave their families*

Do you have questions or comments about how the agency can help you, the children in your care, or your family?

3. Address questions or issues concerning the assessment, licensure or certification process.

Are there any questions, comments, or concerns regarding assessment, licensing, or certification?

4. Answer any questions, and proceed to the closing remarks

Part VII: Closing Remarks



00:15 Total

Purpose: To end the meeting on a positive, affirming note.

A. Celebration of Caring

1. Direct participants to **Resource 10: Celebration of Caring**. Read the vignette on the resource aloud, or ask a participant (who has agreed ahead of time) to read it. Invite any comments about the story.

B. End the Session

1. Remind participants of the date and time of the next session, and of the session topic.
2. Remind participants to bring their Caring in Action books back to the next session
3. End the session.

Thanks for joining us to talk about connecting children to safe, nurturing lifelong relationships and about your role in helping the agency make the best permanent plans for children. You are all making a difference whether you are supporting children's return to their parents, making a permanent commitment, or caring for children while the permanency team looks for another placement that can offer permanence. Your commitment is truly valued.



Meeting Eight: The Kinship Experience: Family Change



A Tradition of Caring

The Kinship Experience: Family Change

The Kinship Experience: Family Change

Agenda

Part I: Family Change through the Kinship Care Experience

- A. Review of Purpose, Goals, and Objectives
- B. Caring in Action Plans and Life Changes
- C. Changing Roles in the Kinship Triad

Part II: The Importance of Social Supports

- A. Looking at Social Supports in Our Own Lives
- B. The Social Network Map: What Does the Child's Look Like?

Part III: Caring in Action

- A. What Can Professionals and the Informal Community Offer Us?
- B. What Does this Mean for Me and My Family?

Part IV: Closing Remarks

- A. Celebration of Caring
- B. End the Session

LEGEND	 = Carebook Resource	 = Trainer's Note	 = Easel/ Easel Pad	 = Individual Activity
 = Transparency Used	 = Important to the Child Welfare process	 = Time Length	 = Group Activity	
Italics = Facilitator's speech				

Resources, Transparencies, and Materials

Resources

- Resource 1: Meeting Goals and Objectives
- Resource 2: Agenda
- Resource 3: Life Changes in the Kinship Triad
- Resource 4: Social Network Map
- Resource 5: The Child's Social Network Map
- Resource 6: Caring in Action Plan
- Resource 7: Celebration of Caring

Transparencies

- Transparency A: "It Takes A Village"
- Transparency B: Definition of Social Support

Materials

- Easel and easel pad
- Markers
- Overhead projector and screen or LCD projector and screen
- Refreshments

Part I: Family Change through the Kinship Care Experience



01:10 Total

Purpose: To review the purpose of this session and discuss participants' Caring in Action Plans. Participants will also examine and share changes that have occurred for the children, birth parents and themselves as a result of child placement in their homes.

A. Review of Purpose, Goals, and Objectives

1. Introduce the session by stating the purpose of this meeting.

Welcome to this meeting in our series, A Tradition of Caring! In today's meeting, we will be examining the impact of kinship care on you, the children in your care, and the birth parents. We will look at how roles have changed as a result of your situations and examine the importance of social supports for you and the children in your home. We will also discuss the role of professionals and the informal community as you provide care and how the child welfare agency can provide support as a team member.

2. Direct attention to **Resource 1: Meeting Goals and Objectives.**

This resource lists our goals and specific objectives for this meeting. Please look this over and ask any questions you may have.

3. Refer participants to **Resource 2: Agenda.**

As you can see, this session covers family changes and the importance of social supports.

B. Caring in Action Plans and Life Changes

1. Direct participants to their **Caring in Action** plans from the last meeting. Facilitate a discussion regarding experiences in implementing Caring in Action plans. Sharing should be voluntary. Strive to keep the discussion as positive as possible, focusing on successes and generating suggestions for addressing frustrations or challenges experienced by participants.

Would anyone like to share their experience in carrying out their Caring in Action plan from our last meeting?



2. Introduce the topic of how the lives of the key members of the “kinship triad” have been impacted by each participant’s current situation.

Each of your stories and circumstance is different regarding how the children you are now caring for came into your home. What you all have in common, though, is that the key players in what is called the kinship triad—you, the children in your home, and the children’s birth parent—has been impacted by this placement. Roles and relationships must inevitably change now that you are the children’s primary caregiver. What we would like to do now is to give each of you the opportunity to share just how things have changed for your triad, by looking back three years and comparing things to today, while also looking ahead three years from now and thinking about what might be.



3. Refer the group to **Resource 3: Life Changes in the Kinship Triad** and review it with them.

On this resource, you see three columns marked “3 Years Ago,” “Now,” and “3 Years From Now.” These are on each of three “grids” representing aspects of your life, the children’s and the birth parent’s. Starting with the first grid, write down the name of the children in your home. Next, go down the list of aspects of their lives, such as school/friends, relationship with the birth parent, neighborhood, and basic needs, listed to the left of the three columns on this grid.

Take a few minutes to reflect on each of these topics and jot down a word or phrase that captures what it was like for the children in each of these four areas three years ago. For example, if the child is of school age, what was school like three years ago? Next, go the column marked “Now” and reflect on these very same areas. Jot down a word or phrase that captures what is like for the children now, at the present time. Lastly, working in the children’s grid, think about three years from now and about your hopes and concerns in these same areas and jot down your feelings about projecting into the future.

Repeat this process in the other two grids you see on the resource, which cover aspects of both your life and those of the children’s birth parent. The only difference is that we are asking you to reflect on areas different from the children’s. For example, in your grid, we are focusing on such areas as finances, health, leisure time, and friends/family. Do the same

in thinking about changes for the birth parent when reflecting on this grid.



4. Allow the group 15 minutes to complete this task. Be available to offer assistance and answer any questions during this time.
5. After 15 minutes, ask the group to form triads and share their work with their small group. Allow 30 minutes for this sharing. Instruct the groups to let each member talk about the children's grid first, then each one discuss their own grid, before finally moving on to the birth parent's grid. In this way, all group members get to share throughout the discussion, rather than having to wait until the other group members are completely finished responding.
6. At the end of 30 minutes, reconvene the large group and process by asking the following questions.

I'm sure we are all interested in both the similarities and differences in the impact of kinship care on each of you, the children in your care and the birth parent. I'd like us to address the following in our discussion:

- *What were the similarities for the children between three years ago and now in the areas you discussed on their grid? What were any differences?*
 - *What were similarities for each of you between three years ago and now in the areas you discussed on your own grid? What were any differences?*
 - *What were similarities between three years ago and now on the parent's grid? What differences existed in your discussion of this person?*
 - *Looking to the future, what hopes and concerns were expressed in looking at each member of the kinship triad—the children, you, and the birth parent?*
7. Summarize the discussion by emphasizing that each person in the kinship triad has undergone a significant change as a result of what has occurred in their family.

This activity is a powerful one that underscores how much has changed for you, the children in your care, and for the birth parent as a result of your being asked to care for the children. When roles change, as has happened in each of your situations, there are predictable feelings and behaviors that are the result – both positive and negative.

Let's spend a few minutes looking at these changed roles and the feelings and behaviors that result.

C. Changing Roles in the Kinship Triad

1. Explain that the group will now examine changing roles for each member of the kinship triad that typically can result from the experience of child placement with a relative.

During this part of the session, we will be looking at changes in what we have called the "kinship triad." For those of you working with a child welfare agency, the introduction of a caseworker, or case manager, into the triad means that a fourth member has now entered the relationship, introducing another level of dynamics into all members' lives.

*For the purpose of this portion of the meeting, we will be relying on the work of Joseph Crumbley and Robert Little, from their excellent book on this subject, *Relatives Raising Children*, published by the Child Welfare League of America.*

2. Explain how much the group has in common now that each is a relative caregiver.

Even though each of your situations is different and the reasons you are caring for children are as varied as there are individuals in this room, when we look at how your role has changed within your family, we will see that you have a lot in common with others in this session. Likewise, you may find that you have still more in common with others here today when we look at how the roles of both the children and the birth parents have changed as a result of child placement in your home.

3. Start by describing typical changes that occur in the caregiver's role due to now caring for a relative's children.

Obviously, your role in your family, both immediate and extended, has changed upon the decision to take in the children. You have been forced into a different role with both the birth parent and child.

Typically, your relationship with the birth parent has undergone a transformation, from supporter to primary caregiver, from advisor to decision maker, and from friend or peer to authority figure. As primary caregiver, you now have more authority over the children than the parent.

Consequently, you and the parent are no longer peers in relation to the children, or to each other.

4. Ask for examples of how this change of role has impacted group members.
5. Proceed by describing role changes for the birth parent.

For the children's parents, their position in relation to both the children and you has undergone a dramatic change. As such, you may now be perceived by the parent as a competitor in relation to both their authority and relationship with the children. In many instances, with this change in roles, the relationship between you and the parent can easily become adversarial, especially if your authority extends not only to the children, but also to the parent. For example, you may have the legal authority to determine if, when, how and where the parent may visit or have contact with the children.

6. Ask for examples of how this role change has affected the birth parents of children for whom group members are currently providing care.
7. Lastly, describe role changes that occur for the children upon being placed in relative care.

Children, quite naturally, may have difficulty adjusting to these changes in roles and boundaries between the key adults in their lives. For example, now that the grandparent is in a parental role, the child's prior role as "grandpa's little helper" may need to change, as will the child's perception of the grandparent or order caregiver as fragile and dependent.

With these changes in roles, boundaries inevitably shift and the child may feel confused and resentful toward relatives now "bossing" him or her around and telling the parents what they can or cannot do.

8. Ask for examples of how these changes in roles have affected the children group members are now caring for, especially when the child was first placed with the relative.
9. Ask the group to consider other role changes that have occurred in their family as a result of their taking the children into their home.

Thus far, we have looked at how the change in roles has affected you, the children you are caring for, and the children's parent as a result of child placement into your home. Let's take a few moments to also consider how others' roles may have changed:

- *How has your relationship or role with your other adult children been impacted by kinship care? What have been the positives and negatives for them in the current situation?*
- *How has your relationship or role changed with the other children in your extended family, like other grandchildren, nieces, or nephews? How may they be affected by the current situation?*
- *How has your relationship or role with other adults in the community been impacted as a result of the current situation?*

10. Bridge to the next part of the meeting by thanking the group members for their sharing and openness to looking at all aspects of the kinship triad and examining how kinship care has impacted each member of the triad –child, birth parent, and kinship caregiver.

Part II: The Importance of Social Supports



00:45 Total

Purpose: To examine the importance of social supports and social networks for both the caregiver and child. Tools for assessing their social networks are presented and participants share their social network map with others in small group, along with that of one child in their care.



A. Looking at Social Supports in Our Own Lives

1. Introduce the concept of social supports from a historical perspective for the group. Display **Transparency A: It Takes a Village**.

We have all heard of the African proverb "It takes a village to raise a child." Throughout human history, among all societies, cultures, and ethnic groups, we have ample evidence of adults other than biological parents helping to raise, teach, guide, and discipline children into self-sufficiency.

In a sense, each of you is carrying on this tradition, by reaching out and taking in one or more children within your family to care for when their parents could not. To believe that you must do it alone, however, places an undue burden on yourself, for as another old adage states, "no man is an island unto himself."

2. Explain the value of social supports to the professional field.

Helping professionals have long valued the presence of informal social supports in working in communities. From the social work field emerged the term "social networking." At the turn of the century, when social work was in its infancy and masses of immigrants were arriving on America's shores, social workers used networking extensively. They helped to link up new arrivals with others from their former homeland and frequently tried, before their arrival, to locate friends and relatives who know them.

The networking that was performed by professionals, along with others such as priests, rabbis, ministers, and elders in the community eased the transition of immigrants into this country. Without this kind of support and networking, with people

"taking care of their own," the history of this country could have been quite different, with poor and starving masses of people stagnating or even rebelling at the various ports of entry.



3. Define the term "social support." Display **Transparency B: Definition of Social Support**. Be sure to cover the following points.

We define social support as a feeling, or attitude, as well as an act of concern and compassion. It is what friends, good neighbors and relatives provide one another. When these "kith and kin" link together for the purpose of helping, they form a social support network.

The act of compassion each of you has demonstrated by providing care for one or more relative children demonstrates an act of social support for both the child and birth parent, even if either one fails to acknowledge it as such.

4. State that the purpose of this portion of the meeting is to examine the existing social support network around the participants as they care for the children in their homes, and also the network that exists around the children.
5. State that before doing this, the group will engage in an activity designed to illustrate the importance of social support networks in their family of origin.
6. Have participants form triads and provide instructions for the exercise.

I'm going to ask each of you to think back to a time in your own family's history, either before you were born or in your childhood, when a crisis or situation arose in your family in which they were in need of some form of help to weather the particular crisis. It may be some event that was told to you when young or that you actually experienced and remember to this day.

7. Refer the group to the easel pad in the front of the room and ask them to answer the questions on it while relating their stories to their group members.
 - *Who was the person or people who stepped forward and helped?*
 - *Specifically, what kind of help or assistance did they provide?*
 - *Why do I think they stepped forward?*
 - *Who could have also helped but did not? Why not?*



8. Allow the groups 15 minutes to complete the assignment.
9. After 15 minutes, reconvene the large group and process the activity by asking for examples of similarities and differences in the stories that were related in the small groups. Look for trends and examples of the informal social network reaching out to help. Also look for instances of professionals in the community who helped.
10. Summarize this portion of the meeting by emphasizing how each of the participants is carrying on this "tradition of caring" by caring for a relative child, in spite of any personal hardship it may have meant to them.
11. Explain that next, participant will try out a tool for examining more closely the existing social network they and the children in their home have in place. This is a first step in developing an action plan to increase the social support network around them both.
12. Refer participants to **Resource 4: The Social Network Map** and explain how to use it.



The Social Network Map is a tool that allows each of us to more closely examine our own social support system and how we are linked to others in our current circumstance as a caregiver to children. The map not only looks at how many people are in our existing network, but also how closely we feel linked to these individuals, especially in terms of mutual support and emotional ties.

In looking at the map, you will notice that it is divided into five spheres, or parts, much like if we took a knife and sliced it into five pieces. There are also round, or concentric circles that start in the middle and go out to the outer edge of the circle, sort of like a dart board with a small "bull's-eye" in center that has the word "Self" written in.

13. Display the easel pad with a large Social Network Map already drawn, matching the resource the group is looking at already.

As you look at this map, think of the five spheres as the major groups of people in your life. These are known as "spheres of influence" and represent those with whom you may already have some sort of relationship.

The goal of this exercise is to first identify who these network members are in your life, and then to think of ways they can move closer to the center circle on the map, so that your social support network can be strengthened as you face the challenge of caring for children in your home the second time around.



You can see these Five Spheres of Influence represent:

- *Family*
- *Relatives*
- *Friends and Co-workers*
- *Neighbors*
- *Professionals*

14. Provide directions for completing the Social Network Map.

Individually, I'd like each of you to complete your own map. The center circle is you. Beginning with the circle nearest the center, write the names of those closest or most helpful to you at the present time within each sphere. For example, in the Friends and Co-workers sphere, you might list a colleague at your job you've known for years and are close to, or a member of your church or temple you have come to rely on over the years. On the other hand, you may list the neighbor across the hall or street as being on the outer ring of the sphere marked "Neighbors," since you are cordial to one another but have no real relationship.



15. Using the social network map on the easel, model the activity by completing your own map, saying a few words about each person's name as you write it on the map, explaining who they are and why you are placing them in a particular sphere of the map.

Do this for all those you can think of in all five spheres. I will give you 10 minutes to complete your maps individually, at which point we will go back into our triads and share our maps with our partners.



16. After 10 minutes, ask the group to break into triads. Allow the groups to work together for 20 minutes.

17. After 20 minutes, reconvene the large group and process the exercise by asking the following questions.

- *Were you surprised at the size of your network? In what way?*
- *Was it larger or smaller than you thought before doing this exercise?*

- *How homogeneous or diverse is your network, especially in regards to age, race, income, etc?*
- *Is there a heavy concentration of network members in one or two spheres? If so, which ones?*
- *Is there a very sparse, or nonexistent representation of members in one or two spheres? If so, which ones?*
- *How many connections do you know of between network members? In other words, how many of those in your network know each other?*
- *Where are your closest, or strongest relationships? Where are your weakest? What does this say to you now that you can see these relationships in front of you on your map?*

18. Summarize the purpose of the Social Network Map for participants.

The Social Network Map can reveal valuable information about who you see as helpful to you in your network as well as identifying those who could be a resource as you face the challenges ahead in caring for and raising the children in your home. Later on, we will think of ways of enlisting some of these individuals' support in helping you in your caring.



19. Tell the group that you would like them repeat this exercise, but now from the perspective of the children in their home. Refer them to **Resource 5: The Child's Social Network Map**.

B. The Social Network Map: What Does the Child's Look Like?

1. Tell the group to think of one child currently in their home, preferably the older the better.
2. Ask them to repeat the process they used for themselves in completing their Social Network Map, only now do so on the child's map, thinking about those who are currently in the child's life, using Resource 5.
3. Explain that each participant can choose to complete the child's map from one of two perspectives: from the child's eyes as they interpret it, or based on their knowledge of the child and their observations of people and relationships with the child.
4. Allow 10 minutes for individuals to complete this map. Then ask participants to return to the triads they previously worked in, and to share their work.

5. After 20 minutes, reconvene the large group and process the exercise, using the same questions used in processing their own social network maps, only with the child as the subject rather than the participant.
6. Tell the group that they will use the information from these two social network maps later on when they develop Caring in Action plans aimed at increasing social supports for themselves and the children in their care.

Part III: Caring in Action



00:50 Total

Purpose: To explore formal and informal resources in the community as a support to caring for children. Next, participants will look back on the resource, "Life Changes in the Kinship Triad," and focus on the future based on their earlier work with this resource. Additionally, participants will develop action plans designed to increase social supports around the family.

A. What Can Professionals and the Informal Community Offer Us?

1. Begin by asking the group how many of them are currently involved with professionals around the care of the children in their home.
2. Using the easel pad, begin making a list of all the professionals participants are or have been involved with in providing relative care. Remind participants they can also look back at their recently completed Social Network Maps as a refresher.



It might be helpful to have prepared several sheets of easel pad beforehand, listing types of professional services in columns (e.g.: Legal Services; Counseling, Child Welfare Services; Educational Services; Financial Services; Housing Services; Medical Services, etc.).

3. Write the names of the specific agencies or individuals from each service in the appropriate column based on input from the group.
4. Next, using a separate easel pad entitled "Informal Community Services," ask participants to share what informal service they have used in the past or currently in caring for children. List these agencies on the pad.



We have a good list of professional agencies you have been involved with. Now, let's look at any "informal" or "grassroots" agencies or services you are or have been involved with. By informal, I mean such agencies as Big Brothers Big Sisters, or the YMCA, Boys and Girls Clubs, Boy Scouts, community recreations program, youth sports leagues, and so forth.

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5. Explain that the group will be working in smaller groups that will select one type of service from all those listed on the easel pads from "professional services" and one type of service from the "informal services" list.
 6. Break participants into small groups and ask, in a large group discussion, which groups would like to choose which services to examine more closely.

Now that we are in small groups, look at all the services from the two categories we have been discussing. Decide as a small group which two you would like to select to work on in more depth, given your experience now or in the past with these two agencies.

7. When the small groups have chosen two agencies, assign the task to the participants.

Now that each group has a professional and an informal community agency or service to work with, your task is to make a list of all the benefits or positive things you or the children in your care have gotten from this service. Next, make a list of the challenges or frustrations you encountered with the two.

I will pass out markers and easel paper to each group. Be prepared to report your work to the large group. I will give you 15 minutes to complete your work.

8. After 15 minutes, reconvene the large group and ask for a volunteer from one of the small groups to report its work. At the end of each presentation, ask for input from the large group as to experiences they have had with these two agencies being presented in addition to what was just presented. Encourage input, both positive and negative, based on the experience of group members in accessing services.



The number of agencies, both professional and informal, will vary by community, as will the variety of services, programs, and supports that are offered. As the facilitator, you may have access to information about services in your community that can help group members in this program. Along with this, rely on the expertise and experience in the group and use this exercise to bring it out. Because this program is part information and part support group for relative caregivers, this is an ideal opportunity to access the group's knowledge of the community.



In addition, two publications targeted specifically to relative caregivers, especially grandparents, can be a helpful resource to you and your groups. Grandparents as Parents: A Survival Guide for Raising a Second Family, by Sylvie de Toledo and Deborah Brown, published by the Guilford Press is an excellent resource, especially Section II: Through the Red Tape and the Resource section. Marianne Takas' Grandparents Raising Grandchildren: A Guide to Finding Help and Hope, published by the Brookdale Foundation Group, is very practical and full of advice for getting support and services in one's community.

9. After each group has presented their work, summarize the activity by emphasizing that each caregiver is not alone and has the right to access services in the community as a support in raising the children in their care.

B. What Does This Mean for Me and My Family?

1. State that as the group nears the end of this session, they will once again be developing an action plan for their family based on today's topic, using **Resource 3: Life Changes in the Kinship Triad**.

We've looked at how roles change in kinship care between child, parent and caregiver. Much of today's session has been spent looking at the networks of support in your life and the children's lives. If we had more time, it would have been interesting to develop a Social Network Map from the perspective of the children's parents.

*It is now time to put what we have done into a "Caring in Action Plan." To do this, I want us to go back to **Resource 3: Life Changes in the Kinship Triad**.*

2. Refer participants to the column entitled "3 Years from Now" that is on each of the three grids on this resource.

Each of you filled out your hopes and concerns for the children, parents, and yourself three years into the future, based on the areas of your lives that are listed on each grid. Now is the time to address these hopes and fears in a positive manner.

3. Refer the group to the easel pad and the questions you prepared earlier.



On this easel pad, you will see four questions, one for each member of your family represented on the grids of the resource you already completed earlier in this meeting. Also use the individuals you've already placed on you and the children's Social Network Map from earlier.

- *For each grid, what agencies or individuals could help allay my fears and increase the chances of my hopes coming true about the future?*
- *In what specific ways could they help?*
- *What can I do now to reach out to these agencies or individuals for help?*
- *If the child welfare agency is involved, how can my caseworker assist me with this plan?*

Remember to consider all three grids that make up what we call the Kinship Triad – you, the child, and the birth parent.



4. Refer the group to **Resource 6: Caring in Action Plan**. Ask them to fill it out individually in addressing the above questions on the easel pad.
5. Allow 20 minutes for participants to complete their plans. Reconvene the group and ask for two or three volunteers to share one example from their plan with the group.
6. Remind the group that at the next meeting, you will check back to see what progress, if any, group members made in trying to implement parts of their plans.
7. Ask for volunteers who are involved with the child welfare agency to share ways they thought the agency, through the caseworker, could be of help to any of the three members of the triad in terms of the future and their hopes and fears.
8. Emphasize the importance of teamwork with the agency.

It is important for those of you who are involved with a child welfare agency to use the agency to help you in the challenges of caring for the children in your home. It is a team effort, and the caseworker can provide valuable support and assistance in accessing services and programs that can help both you, the child, and parent.

9. Address questions or issues concerning the assessment, licensure or certification process at this point.

Part IV: Closing Remarks



00:15 Total



Purpose: To end the meeting on a positive, affirming note.

A. Celebration of Caring

1. Direct participants to **Resource 7: Celebration of Caring**. Read the vignette on the resource aloud, or ask a participant (who has agreed ahead of time) to read it. Invite any comments about the story.

B. End the Session

1. Remind participants of the date and time of the next session, and of the session topic.
2. Remind participants to bring their Caring in Action books back to the next session
3. End the session

Thank you, again, for being here. Your contributions were most helpful. We look forward to seeing you at the next session.



Meeting Nine: Finding and Using Resources



A Tradition of Caring

Getting Help: Finding and Using Resources

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Getting Help: Finding and Using Resources

Agenda

Part I: Welcome and Caring in Action Discussion

- A. Welcome and Review of Outcomes, Goals, and Objectives
- B. Caring in Action Follow-Up

Part II: Getting Help: A Day in the Life

- A. Challenges and Barriers

Part III: Getting Help: What, Where and How

- A. Needed Services and Supports
- B. Where to Find Needed Services
- C. Advocating and Negotiating for Services

Part IV: Caring in Action : Finding and Using Resources

- A. What I Can Do

Part V: The Important Role of Teamwork (optional)

- A. Working Together to Get Help

Part VI: Kinship Family Post-Assessment

- A. Post-Assessment

Part VII: Closing Remarks

- A. Celebration of Caring
- B. End the Session

LEGEND	 = Carebook Resource	 = Trainer's Note	 = Easel/ Easel Pad	 = Individual Activity
 = Transparency Used	 = Important to the Child Welfare process	 = Time Length	 = Group Activity	
Italics = Facilitator's speech				

Resources, Transparencies, and Materials

Resources

- Resource 1: Meeting Goals and Objectives
- Resource 2: Agenda
- Resource 3: A Day in the Life...
- Resource 4: Definition of Needs
- Resource 5: List of National Resources
- Resource 6: List of Local Resources (prepared before the session)
- Resource 7: Steps to Getting Help—Formal Services
- Resource 8: Steps to Getting Help—Informal Services
- Resource 9: Caregiver Checklist
- Resource 10: Finding and Using Resources: What I Can Do and Help I Need
- Resource 11: Post-Assessment and the Five Desired Outcomes
- Resource 12: Celebration of Caring

Transparencies

- Transparency A: A Day in the Life...
- Transparency B: A Day in the Life: Summary Points
- Transparency C: Child Welfare Services
- Transparency D: Steps To Getting Help—Formal Services
- Transparency E: Steps To Getting Help—Informal Services.

Materials

- Easel and easel pad
- Markers

Overhead projector and screen or LCD projector and screen

Prizes that group members can share, such as a box of cookies or candy

Refreshments

Part I: Welcome and Caring in Action Discussion



00:25 Total

Purpose: To review the outcomes, goals and objectives of this meeting, and to share experiences, successes, questions and concerns related to Caring in Action plans.

A. Welcome and Review of Outcomes, Goals, and Objectives

1. Welcome participants.

Welcome. Thank you for joining us today. Your willingness to share and learn more about your own families and the children you care for is a wonderful gift that you are bringing to all those involved.

Please place your name tents in front of you. If you need to make another one, you'll find the paper and markers on your tables.

2. Discuss the title of this meeting and connect it to Kinship Care Outcomes.

This session is called "Getting Help: Finding and Using Resources." All families need access to a variety of services at different points in time. Being able to find and use help are key abilities that caregivers need to enable them to provide safe, healthy and happy homes for children and other caregivers.

One of the five Kinship Care Outcomes is "Have needs met by kinship families working together with agency and community resources." In this session we will be looking at the kind of help that families need. We will be discussing some of the difficulties we encounter when looking for help or support. We will also be identifying effective ways of removing these challenges so that help is obtained in a timely and meaningful way.

3. Direct attention to **Resource 1: Meeting Goals and Objectives.**

Proposed goals for this meeting, along with specific objectives for meeting these goals are listed on this resource. Take a minute to read over what has been listed.

Do you have any comments, questions, or suggestions?





4. Direct attention to **Resource 2: Agenda**

As with other meetings in this series, this session will combine information, sharing and support. We will begin with an exercise that looks at some of the difficult situations you have come across when you have tried to get help for yourselves and the children in your care.

We will discuss the types of services and supports that are frequently needed. We will explore both the formal and informal locations where these services can be found. We will also review what we currently know about the best ways to obtain these services in a timely manner.

You will then have the opportunity to apply the information that we discuss to your own family situations. You will be encouraged to share with each other your experiences in successfully finding and using resources. You will also be able to identify in what areas you may need additional help.

We will examine the role of the child welfare agency in supporting you and your family in locating and obtaining needed resources. We will address any questions you might have regarding assessment, licensure, or certification



B. Caring in Action Follow-Up

1. Introduce the activity

At our last session, each of you worked on a Caring in Action plan to address specific needs you identified for your family in relation to kinship care. Let's spend a few minutes talking about your experiences in carrying out your action plans. Did any of you have successes you'd like to share? Frustrations? Tips for others?

2. Facilitate a group discussion regarding experiences in implementing Caring in Action plans. Sharing should be voluntary. Strive to keep the discussion as positive as possible, focusing on successes and generating suggestions for addressing frustrations or challenges experienced by group members.
3. Move to Part II of the session.

Part II: Getting Help: A Day in the Life



00:40 Total

Purpose: To focus attention on the systemic barriers to finding and accessing needed resources. To help participants feel less isolated in this experience. To acknowledge existing skills, experiences, and expertise of group participants in finding, accessing and using resources.

A. Challenges and Barriers

1. Introduce the activity. Elicit responses from the participants. Affirm and validate their feelings as they share them

All families, regardless of their make-up, periodically find themselves in need of particular services. Some services are fairly easy to locate and obtain. Some are more difficult. What are some of the services that you have had trouble finding, obtaining or understanding?

When you have had difficulties obtaining needed services, how did it make you feel?

We are going to spend a few minutes exploring the types of barriers that get in the way of finding and using resources. We are going to do this by looking at several common situations.

2. Divide the group into smaller work groups of four to five participants each. Assign a different **Resource 3: Day in the Life...** scenario to each group. Provide each group with easel paper and markers.

Instruct participants to read the scenario, and as a group to complete the story, describing what happens to the individual in the story as they attempt to obtain the indicated service. Emphasize that the group should make sure to cover the four questions that are written on the bottom of the scenario page. They should write their additions to the story on the easel paper. Display **Transparency A: A Day in the Life...** Highlight the following four questions:

- What resources may be available to this caregiver?
- What barriers and challenges may be encountered?



- How might the caregiver be feeling as a result of this experience?
 - What might the caregiver end up doing as a result of this experience?
3. After 20 minutes, reconvene larger group. Have each group post its easel paper. In turns, have small group participants briefly describe the situation with which they were working. They should report out the additions they made to the story, using the four questions as a guideline.

Invite members of the larger group to make comments, ask questions or offer additions after each report-out. Encourage a lively discussion among group participants.



4. Display **Transparency B: A Day in the Life: Summary Points**. Highlight the following points:

- Research indicates that throughout the country, relatives are highly committed to caring for family members, including extended family members.
- Kin provide children with a sense of stability, continuity, and connection.
- It requires enormous resources to help kinship caregivers maintain a high level of commitment and to continue to provide children with a sense of stability, continuity, and connection.
- Lack of information and/or lack of available and easily accessible resources are quite problematic. Such challenges may leave kinship caregivers feeling frustrated, angry and helpless.
- The challenge for kinship caregivers is to be creative, diligent, assertive and resourceful in finding services to meet their needs.



5. Display **Transparency C: Child Welfare Services....** Highlight:

The responsibility of child welfare service providers is to:

- Provide kinship caregivers with adequate, thorough and current information in a timely manner.
- Advocate on behalf of kinship caregivers.
- Coach kinship caregivers on how to negotiate services, especially in large, bureaucratic systems.
- Identify service gaps and lobby to fill them with appropriate and needed services.



6. Ask the group for questions and comments.
7. Conclude the discussion and transition into a discussion of the various types of services that are needed.

Through the scenarios we were able to highlight some of the services that kinship caregivers need to support them in their abilities to care for children. We know, however, there are many more. We are going to identify just what those other services are.

Part III: Getting Help: What, Where and How



00:40 Total

Purpose: To identify the various types of services that kinship caregivers need. To explore the many ways in which kinship caregivers can meet these needs. To affirm and validate the resourcefulness of kinship caregivers. To provide information on national, regional, and local resources. To provide participants with a set of skills to negotiate systems for services.

A. Needed Services and Supports

1. Introduce an activity.

All services and supports usually address one or more of the following categories: physical needs, intellectual or educational needs, social/emotional needs and spiritual needs. Let's talk about what each of these needs means.

2. Direct attention to **Resource 4: Definition of Needs**. Briefly discuss each definition:

- Physical – issues that pertain to bodily health and well-being
- Intellectual/Educational – issues that address learning and brain development
- Social/Emotional – issues that address relationships with others and the environment-at-large
- Spiritual – issues that address religion or a set of values and beliefs that guide the way one lives

3. Direct the group's attention to five pre-printed easel pad pages that are posted around the room. Each has a separate heading: physical, intellectual or educational, social/emotional, spiritual, other.

Engage the group in a brainstorming activity that answers the following question, and write responses under the appropriate heading.

What are the specific needs of kinship caregivers in these areas? For yourself? For the children that you care for?

4. Summarize the activity.



As indicated before, and as you have just demonstrated by your responses, there are many service needs that facilitate maintaining a safe, stable, and happy home environment. There are also many ways to get these service needs met. Let's spend some time exploring what they are.

B. Where to Find Needed Services

1. Divide the large group into three smaller groups. Advise groups that they will be participating in a competition to generate a list of all the resources that are available to help them meet their service needs. In five minutes they should develop a list of formal and informal places where they can obtain help. The group with the most responses in five minutes will receive a prize.
2. After five minutes have elapsed, ask groups to post their easel papers. Have each group read its list. After all groups have read their lists, thank them for their energy and their "playfulness." Acknowledge the group with the most responses and give them a prize.

Provide a prize that group members can share, such as a box of candy or cookies. You can also opt to give smaller prizes to the losing teams, as a way of also validating their work.

3. Continue the activity. Elicit as many responses from the group as possible. Insure that, at a minimum, responses include the points below.

As you were generating your lists, did you come to any realizations about the ways in which to obtain services?

- *Asking family members and friends to help*
- *Exploring community resources such as religious settings, community centers, community groups, clubs and associations, sororities and fraternities, etc.*
- *Obtaining information from local politicians and government representatives*
- *Utilizing ombudsmen, community relations personnel and social workers in larger systems such as hospitals, schools, housing programs, etc.*
- *Reaching out to the local child welfare agency*

Prior to the training, information regarding local and state resources should be compiled for distribution and discussion.



4. Direct attention to **Resource 5: List of National Resources** and **Resource 6: List of Local Resources** and state:

There are basically two ways in which we can access services—formal and informal. Formal services are those organizations that are very well known; are usually funded by federal, state, or local resources; and are viewed as vital services for all citizens. They are often large and can feel very confusing, intimidating, and bureaucratic to consumers. They are designed to serve large numbers of people, regardless of their income, race, gender, age, lifestyle or religion. Formal programs are usually long lasting, withstanding changes in administration and decreases in budgets. They include such settings as public hospitals and health care facilities; public educational institutions; housing programs; public assistance programs; courts and legal service; child welfare agencies.

Informal services are usually smaller and often funded by private money or time-limited grants. Depending on the source of funding, they may have restrictions on who is eligible for the services. Many informal services are not funded at all, but are organized and offered by volunteers or as part of a ministry. Informal services are often discovered by word-of-mouth. Some have very brief tenures of a few years, depending on usage and funding. Most importantly, informal services also include in-kind help that we receive from family, neighbors and friends.

Resource 5 provides you with information about national programs that may be of help to you. Most of these programs have locally based offices where you can obtain information.

Resource 6 provides you with information about programs in your state, city and community that offer a variety of services.

If you have access to the Internet, you can also search for the type of service you are seeking. Often you will receive a wealth of information. Don't forget to find information through newspapers, radio and television, magazines, books, newsletters, pamphlets, and videos.

There is also a good listing of national resources in the form of an annotated bibliography for kinship caregivers in the appendix section of your Carebooks.

C. Advocating/Negotiating for Services

1. Introduce activity.



Now that we have identified what services are needed, and the types of settings we can find them in, the challenge is how to obtain them in a timely manner. We are going to explore a strategy called "negotiating services." The goal of "negotiating services" is to obtain the exact service that we need, when we need it, without an unusual amount of red tape, frustration and disappointment.

2. **Display Transparency D: Steps to Getting Help—Formal Services.**
Review the steps, asking for questions, examples and comments after each one.

Write down a list of needs, so that you are very clear about what you will be asking for:

- *What are the children's needs?*
- *What kind of support is needed to enable the children to remain with you?*
- *How will living arrangements need to be modified?*
- *How will you pay for any needed external resources?*
- *How will caring for the children impact your relationship with other family members?*

Write down all questions that you have so you won't forget them. There is no such thing as a silly question.

If possible, call before you visit an organization. Ask about their operating hours and the best time of day to come in. Ask if you need to make an appointment. Ask what documentation you will need to bring with you.

If you are able, try to obtain an individual's name that you will be meeting with on the day of your visit. If this is not possible, obtain the name of the person that you are speaking with on the telephone. If there are any problems on the date of your arrival, you will know the name of the person who originally assisted you.

Arrive on time, bringing all necessary documentation with you.

During your appointment, when you are speaking with the contact person, be clear about what you want to say. Try not to ramble.

Share all the information, as you know it. Make a clear statement regarding the services that you need. Write down all the information that is shared with you.

If you feel that the person has been helpful, discuss what the next steps should be. Be certain to thank the individual for his or her time and help.

If you feel that the organization is the right one to help you, but you are not satisfied with the answers that you are receiving, respectfully ask to speak to a supervisor or someone else with more influence and decision-making power.

If the organization does not meet your service needs, ask the contact person if they can give you the name, address and telephone number of an organization that is more appropriate.

Remember that it may take several attempts with the same or different organization to get what you need. Try not to get angry or frustrated. DON'T give up!

When you believe you have exhausted all avenues and attempts, consider reaching out to an agency that specializes in getting people help. Agencies that specialize in child welfare, information and referral, and ombudsman services often successfully find help for families. Local politicians and elected officials are also excellent at expediting help.



3. Display Transparency E: Steps to Getting Help—Informal Services.

Again, review the steps, asking for questions, examples, and comments after each one.

The same steps for negotiating formal services are applicable when reaching out to smaller, informal agencies and groups in the community. The steps, however, vary somewhat when negotiating services with friends and other family members.

Write down a list of needs, so that you are very clear about what you will be asking for.

Write down a detailed inventory of the strengths and helpful behaviors or practices that different family members and friends have:

- *Time: to babysit, run errands, provide you with emotional support*

- *Energy: to take the children on outings, help with household chores, accompany you to appointments*
- *Skills: tutoring, cooking, counseling, mentoring, spiritual guidance and prayer, advocating and negotiating, a sense of humor*
- *Resources: financial, personal connections with influential people, space for you or the children to take a "time out"*

Sit down with family members or friends and explain your situation and in what ways you are hoping they can help you.

Emphasize your commitment to providing a safe, stable, and happy home, and that you would like them to be a part of the community of care that will enable you to do this.

If they are in agreement, develop a plan specifying who will do what, when they will do it, where, etc. Even if only one individual agrees to help, it is a beginning.

Be certain to thank them for the support. Be respectful of their time and lives, calling on them when you need to and accepting help when they offer it. Find ways to consistently demonstrate your appreciation of their support.

- 
4. Direct attention to **Resource 7: Steps to Getting Help—Formal Services; Resource 8: Steps to Getting Help—Informal Services; and Resource 9: Caregiver Checklist.**

Resources 7 and 8 provide you with the steps to getting help that we just discussed. Getting help also refers to self-help: taking care of you, as well as the children. Resource 9 provides you with a caregiver checklist, as a reminder to address your own needs on a consistent basis.

5. Summarize the activity.

Often when relatives assume the daily care for another family member's children they believe that since they made the decision, it is their sole responsibility to do everything. The children need caregivers that are healthy, happy, and emotionally available to them. Caregivers can only be healthy, happy and emotionally available when they both seek and accept help. Help comes in many different forms and from many different places. Knowing when, where and how to ask for help are critical skills for all kinship caregivers.

Part IV: Caring in Action: Finding and Using Resources



00:20 Total

Purpose: To enable participants to identify service needs they may currently have. To enable participants to develop a customized action plan for obtaining help in the identified areas.

A. What I Can Do

1. Direct attention to **Resource 7: Steps to Getting Help—Formal Services; Resource 8: Steps to Getting Help—Informal Services; and Resource 9: Caregiver Checklist.**

Please look again at Resource 7: Steps to Getting Help—Formal Services; Resource 8: Steps to Getting Help—Informal Services; And Resource 9: Caregiver Checklist. Use them to think about the kinds of services that you need to support you in your kinship caregiver role.

2. Refer participants to **Resource 10: Finding and Using Resources: What I Can Do and Help I Need**
3. Instruct participants to complete Resource 10, allowing approximately 10 minutes.

Once you have identified your service needs, please complete the Caring in Action grid. Be as specific as possible.

4. Facilitate a large group discussion. Several of the questions noted below may be asked of the group. However, responses should be voluntary.
 - *Would anyone like to share an insight regarding something you learned as a result of working with the steps to finding and using resources?*
 - *Can anyone share an action step you plan to implement as a result of this activity?*
 - *Do you need any help from the group in finding help for issues, concerns or services you've identified?*

- Does anyone have a question, or concern you would like to discuss?

5. Summarize and conclude this portion of the meeting.

Thank you for your work on this topic. You have been open in sharing your successes and your challenges in seeking help. Asking for help is not always easy to do. When we do ask, services are not always easy to find, leaving us feeling frustrated, vulnerable and helpless. The various approaches to identifying, finding, and using resources that we've discussed today should help you to experience even greater successes going forward.



Part V is most applicable to caregivers who are associated with a child welfare agency, or undergoing a licensure or certification process as a formal kinship care provider. For other groups, Part V is considered optional. If Part V is omitted, continue to Part VI.

Part V: The Important Role of Teamwork (optional)



00:20 Total



Purpose: To explain how the content and process of this session address the agency's foster care policy and assessment and licensing or certification requirements; to describe effective ways of collaborating with the agency to serve the best interests of the children in kinship care and their kinship families.

A. Working Together to Get Help

1. Introduce the agency role in working with the kinship caregiver to address finding and using resources.

For families involved with a child welfare agency, there is a team of people responsible for helping meet the children's needs through helping you to obtain the necessary services and supports. This team can be a valuable resource in helping you, as well as the children. The service plan (or case plan) is a document developed by the worker assigned to the case that describes roles, responsibilities, and processes for achieving needed goals. It is important that caregivers participate in developing and implementing the case plan, and understand what is expected of them and any limitations in their ability to act autonomously in planning for or seeking services for the children in their care.

2. Discuss possible ways the agency can assist kinship caregivers in finding and using resources. Elicit responses from group participants. Be sure that most of the following are covered:

How might the agency help in finding and using resources?

- *Creating a service plan (or case plan) that articulates the children's needs and describes strategies for meeting those needs*
- *Directly providing some of the needed services*
- *Making referrals to services with whom the agency has linkage agreements*

- *Using its influence to make referrals to other community resources*
- *Providing you and the children with transportation to services, if needed*
- *Assisting with financial arrangements for some services*
- *Providing you with individual and group support or counseling to address your needs as a kinship care provider*

3. Summarize the importance of teamwork.

The importance of teamwork in helping you to find and use resources is critical. Child welfare professionals can also provide vital support and assistance to the kinship caregiver by identifying and locating the types of services that will enable you to provide a safe, stable and happy home for both children and other family members.

Do you have questions or comments about how the agency can help you, the children in your care, or your family?

4. Address questions or issues concerning the assessment, licensure or certification process.

Are there any questions, comments or concerns regarding assessment, licensing, or certification?

5. Answer any questions and proceed to the closing remarks or the Kinship Family Post-Assessment.

Part VI: Kinship Family Post-Assessment



00:20 Total



Part VI is most applicable for groups being assessed for foster care certification or licensure. If the self-assessment in Meeting 1 is being used for assessment purposes, proceed with the post-assessment here. If the group is composed of informal kinship caregivers, you might wish to proceed directly to Part VII.

A. Post-Assessment



1. Refer participants to **Resource 11: Post-Assessment and the Five Desired Outcomes**

You probably recall completing the Kinship Family Self-Assessment during our first session. We're going to take a few minutes to look at this assessment once more. Perhaps you'll find that your perspective has changed somewhat as a result of our time together. Take a few minutes to quickly complete this assessment.

2. Allow approximately 10 minutes for self-assessments to be completed. Collect assessments and move to the closing remarks.



Part VII Closing Remarks



00:15 Total



Purpose: To end the meeting on a positive, affirming note.

A. Celebration of Caring

1. Direct participants to **Resource 12: Celebration of Caring**. Read the vignette on the resource aloud, or ask a participant (who has agreed ahead of time) to read it. Invite any comments about the story.

B. End the Session

1. Remind participants of the date and time of the next session, and of the session topic.
2. Remind participants to bring their Caring in Action books back to the next session
3. End the session

Thank you, again, for being here. Your contributions were most helpful. We look forward to seeing you at the next session.

Part V. Appendix

About the Child Welfare League of America

The Child Welfare League of America (CWLA) is the nation's oldest and largest membership-based child welfare organization. We are committed to engaging people everywhere in promoting the well-being of children, youth, and their families, and protecting children from harm.

CWLA traces its origin to the 1909 White House Conference on the Care of Dependent Children, which recommended the establishment of the U.S. Children's Bureau and a national organization of child-helping agencies and institutions. Founded in 1920, CWLA is the preeminent organization in the child welfare field today. It has been recognized throughout its history as a consistent, strong, and nonprofit voice for children both in the United States and worldwide.

Believing that children are our most valuable resource, CWLA strives to advance national standards of excellence and sound public policies on behalf of the three million abused, neglected, and vulnerable children served by our more than 1,150 public and private nonprofit member agencies. To further our mission of preserving, protecting, and promoting the well-being of all children, youth, and their families:

- CWLA conducts research, develops standards of best practice, hosts regional and national conferences, and offers comprehensive, field-based consultation and professional development activities to both governmental and private child-serving organizations.
- CWLA's public policy staff focuses its efforts on the passage of federal legislation to protect abused and neglected children, strengthen vulnerable families, and break the link between child abuse and juvenile crime.
- CWLA's National Data Analysis System features online, state-specific child welfare information and the nation's first child welfare resource and information technology center.
- CWLA's International Division provides opportunities for the study of child welfare issues in other countries.
- CWLA is also the largest publisher of child welfare materials in North America.

CWLA member agencies directly provide at-risk children and families with services in the areas of child abuse prevention and treatment, kinship care, juvenile justice, family foster care, adoption, positive youth development, residential group care, child day care, family-centered practice, and adolescent parenting and pregnancy prevention. Our members daily address such issues as behavioral health care,

substance abuse, housing and homelessness, and HIV/AIDS. CWLA's on-staff program experts provide consultation, training, and other assistance to members to advance their efforts.

Since 1984, CWLA has been based in Washington, D.C. CWLA has regional offices in Baltimore, Boston, Chicago, Denver, Los Angeles, and Northern Virginia. CWLA has an annual budget of approximately \$18 million and is supported by member dues, donations, grants, corporate and individual contributions, consultation fees, investment incomes, and publication sales.

For more information on CWLA, please contact the Director of Public Relations at 202-942-0244, or visit our website at www.cwla.org.

About the Writers

Robyn Brown-Manning, MSW, dedicates her practice to corporate, social services and educational institutions in the areas of personal growth, parent education, leadership development, cultural diversity, and workforce management. A certified social worker, Ms. Brown-Manning worked for many years with the New York Foundling Hospital, and she currently serves on the New York Foundling Board of Directors. In 1996 Ms. Brown-Manning co-established and became president of Kriya Associates, Inc. Through this organization and human resource development firm, she conducts sessions and provides keynote addresses throughout the country. She also provides seminars, lectures and retreats on issues pertaining to African-American women; spiritual parenting; healing and centering work for women; and managing in the multicultural workplace. Recently Ms. Brown-Manning has begun helping clients to create healing and centering living and workspaces through Fang Shum. Ms. Brown-Manning has collaborated on two publications, and has worked extensively with CWLA both in developing curricula and as a trainer.

Michael J. Budlong, ACSW, has over 30 years of experience in the child welfare field, from direct practitioner to clinician and administrator of a large, multi-state child and family service organization. Mr. Budlong has written extensively and has several national publications in the areas of residential group care, crisis intervention, family-centered practice, foster and kinship care, and substance abuse. He has done consultation and training for two national training organizations over the past 15 years. Mr. Budlong is currently the Clinical Director for the Methodist Home for Children and Youth, headquartered in Georgia. He is a licensed associate for the Management Research Group and an Internal Verifier for the National Center for Professional Certification.

Laurie Cunningham, BA, has worked with children and families in a variety of child welfare settings for over 27 years. Her work has included Child Protective Services, Permanency Planning, Residential Treatment, and Adoptions. Since joining CWLA, Ms. Cunningham has worked extensively in curricula development, design and implementation through the Walker Trieschmann Center. She is a master trainer for CWLA and has wide experience training Child Welfare staff in both the private and public sectors. She has also served as a field consultant through CWLA for numerous projects. Ms. Cunningham has co-authored several reports and articles on various child welfare issues, and has presented at numerous national and state conferences.

Joanne Mathews, MSW, is a Senior Training Consultant for the Child Welfare League of America. She brings over 17 years of experience in adoption, family foster care, and child protection in both the public and private sectors. Ms. Mathews has significant training experience, having managed the training division of a state child welfare system and provided training on a wide range of topics and in a variety of settings. Ms. Mathews also served as the Clinical Consultant of a private adoption agency in Massachusetts. In addition to her training and direct service experience,

Ms. Mathews has participated extensively in developing, designing, editing, and writing curricula for CWLA.

Jane Moore, MSW, is a social worker with more than 30 years of experience in family and children's services. Her career integrates direct clinical work, program development, management and evaluation, and training through community, state and national organizations. In her primary fields of work: child welfare, substance abuse and trauma, she has conducted child protection assessments and forensic investigations, and provided protective, foster care, and permanency planning services to families and children involved in the child welfare system. She has also worked successfully in community mental health and early intervention settings, providing mental health assessments, and individual and group therapy. She is principal author of *Nurturing Program for Families in Substance Abuse Treatment and Recovery* a psycho-educational programs for parents in substance abuse treatment. She is a Licensed Independent Clinical Social Worker.

Ronald E. Zuskin, MSW, is the Director of Training at the University of Maryland Baltimore School of Social Work. Since 1970 Mr. Zuskin has worked as a line worker and supervisor in public human services in the fields of child welfare, juvenile justice and inpatient and outpatient mental health. Mr. Zuskin has a private practice, treating family members dealing with issues of child maltreatment, sexual abuse, family violence, and alcoholism and addiction. Mr. Zuskin is an author and renowned trainer. He authored the curriculum and was Principle Investigator for the Exemplary Project Interdisciplinary Substance Abuse and Child Maltreatment Training Project, and he is listed in *Who's Who Among America's Teachers*.

A Tradition of Caring is a nine-module program designed to provide information and support to kinship caregivers. This curriculum can be used by public child welfare agencies to meet training requirements for kinship caregivers who are licensed as foster care providers, and also by agencies that serve kinship caregivers who do not have a formal relationship with a child welfare agency.

A Tradition of Caring uses a unique facilitation model that builds on existing strengths of participants and encourages them to apply information discussed during the sessions to their daily lives.



CWLA

CHILD WELFARE LEAGUE OF AMERICA

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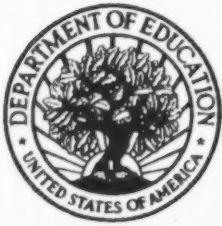
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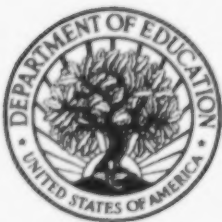
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